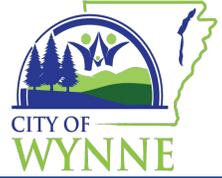




Application For Employment



Personal Information

Name

Address	City	State	Zip
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Phone number	Email address
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Are you legally eligible to work in the US? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you a veteran? Yes <input type="checkbox"/> No <input type="checkbox"/>
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If selected for employment are you willing to submit to a background check?
Yes No

Position

Position you are applying for	Available start date	Desired pay
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Employment desired
 Full time Volunteer

Education

School name	Location	Years attended	Degree received	Major

References (business and professional only)

Name	Title	Company	Phone

Employment History

Employer (1)	Job title		Dates employed
Work phone	Starting pay rate		Ending pay rate
Address	City	State	Zip
Employer (2)	Job title		Dates employed
Work phone	Starting pay rate		Ending pay rate
Address	City	State	Zip
Employer (3)	Job title		Dates employed
Work phone	Starting pay rate		Ending pay rate
Address	City	State	Zip
Employer (4)	Job Title		Dates employed
Work phone	Starting pay rate		Ending pay rate
Address	City	State	Zip
Employer (5)	Job title		Dates employed
Work phone	Starting pay rate		Ending pay rate
Address	City	State	Zip

Signature Disclaimer

I certify that my answers are true and complete to the best of my knowledge.
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my employment being terminated.

Name (please print)	Signature
Date	



Wynne Fire Department

Background Investigation

Authorization for Release of Personal/Confidential Information

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the City of Wynne Fire Department, whether the said records are public, private or of a confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the following records: Criminal; Academic/Education; Financial; Military; Medical and Psychiatric, to include treatment and/or consultation (including hospital, clinics, private practitioners); Employment and Pre-employment records, including complaints or grievances file against or by me; and the records and recollections of attorneys at law or of any other counsel, whether representing me or another person in any case, whether criminal or civil, in which I presently have, or have had an interest.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization, will be considered in determining my suitability for employment by the City of Wynne Fire Department. I also certify that any person(s) who may furnish such information shall not be held accountable for giving this information and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

A copy of this release will be valid as an original thereof, even though the said photocopy does not contain an original writing of my release.

Signature (must include maiden name if applicable)

Address City State Zip Code

Phone Date of Birth Social Security Number

This Form **must** be signed in front of a Notary and notarized by a Notary before your application will be accepted.

Sate of _____

County of _____

Sworn and subscribed before me this _____ day of _____, _____

Notary

My commission Expires: _____

WYNNE FIRE DEPARTMENT

PHYSICAL CAPABILITY AND AGILITY EXAMINATION

This exercise will be performed wearing full PPE and a SCBA. Tennis shoes or boot will be allowed for examination. All PPE will be provided for use during the examination by the Wynne Fire Department. Each station of the test will be completed in a coordinated and seamless manner, without stoppage of time to ensure the candidates time and effort can be accurately recorded. Vital signs will be taken prior to starting the examination by medical personnel with a maximum blood pressure reading of 150/90. The candidate will be disqualified from performing examination if adequate blood pressure can not be obtained. The candidate will have a maximum of 3 opportunities per year to provide an adequate blood pressure to attempt the examination. If the candidates time exceeds the 14 minutes time limit, they will be disqualified from the hiring process.

Station #1 – Aerial Ladder Climb/Hose Hoist

Candidate will climb the Aerial starting at the ground and climbing the ladder on the truck that is extended from an angle of 40 degrees to a height of 55 feet. Hoisting a hose with a rope in a hand over hand method to the bottom of the aerial bucket and lower the rope controlling the rope to the ground and safety climbing back down the ladder to the ground. If the candidate drops the hose the station must be restarted.

Station #2 – High Rise Hose Carry

Candidate will pick up designated high rise carry pack and carry over the shoulder from a designated starting point and walk with the pack to designated stopping point and place on the ground.

Station #3 – Ventilation Simulator

Candidate will stand on the outer edge of the ventilation simulator and strike a wooden block from the standing position and move the wooden block 36 inches.

Station #4 – Dry Hose Advancement

Candidate will walk to a 100 ft section of 2.5" attack line and shoulder the hose and advance it 100 ft from a starting point to an ending point.

Station #5 – Hose Move

Candidate will pick up 1 roll of hose at a time from a stack of 3 and place one at a time to a designated position then repeat from designated stations 1,2 and 3.

Station #6 – Charged Hose Line Advancement

Candidate will pick up a 1.75" charged hose line and advance it 150 ft and spray a cone.

Station #7 – Attic Simulator

Candidate will approach the attic simulator and cross the 16" spans simulating low crawling in an attic.

Station #8 – Ladder Raise

Candidate will approach a ladder lying on the ground with the heel of the ladder against the building and raise the ladder against the building and set appropriate climbing angle and climb the rungs of the ladder to clear the height of the building, climb back down and lower the ladder to the ground in a safe manner.

Station #9 – Victim Rescue

Candidate will approach a victim lying on the ground and drag the rescue mannequin 60ft to a cone, turn around and drag the rescue mannequin back to the starting line where the candidate must drag the rescue mannequin completely across the finish line.

The candidates time will stop once all stations are completed and will walk to the rehab station and have a set of ending vitals taken by medical staff and allowed to leave once cleared by medical staff.

Firefighter physical agility test instructional packet available upon request at the fire station.



Wynne Fire Department
1111 Falls Boulevard N.
Wynne, AR 72396
870-238-8947



Kory Ward
Fire Chief

Jennifer Hobbs
Mayor

Candidate's Name (Print) _____ Date: _____

I, _____, an applicant for employment with the Wynne Fire Department, hereby release the Wynne Fire Department, City of Wynne, any and all of its agents, servants, and employees from any and all liability resulting from any type of injury whatsoever sustained by myself while taking any type of physical fitness test required by the Wynne Fire Department of the City of Wynne.

Candidate Signature Date

Agility Test		
Beginning Vitals: 1 st Attempt - Time: _____	Blood Pressure _____ / _____	Heart Rate _____
Beginning Vitals: 2 nd Attempt - Time: _____	Blood Pressure _____ / _____	Heart Rate _____
Beginning Vitals: 3 rd Attempt - Time: _____	Blood Pressure _____ / _____	Heart Rate _____
_____ Medical Examiner		_____ Date
Start Time: _____ End Time: _____ Total Time: _____ or		
Did Not Complete _____		
Evaluator certifies that the candidate either fully & Satisfactorily completed all stations or DNC.		_____ Course Evaluator Signature Date
Ending Vitals: Time: _____	Blood Pressure _____ / _____	Heart Rate _____
_____ Medical Examiner Signature		_____ Date
_____ Candidate Signature		_____ Date