

City of Rincon Fire Department  
Firefighter Application Packet



Fire Chief: Lou Reed

# THE CITY OF RINCON EMPLOYMENT APPLICATION



## Equal Employment Opportunity

Our company is an Equal Opportunity Employer. All qualified applicants will be considered for positions without regard to race, color, religion, gender, national origin, age, marital or veteran status, or the presence of a physical or mental disability that is not job-related. Applicants are evaluated on the basis of ability, experience, and the requirements of the job. We will make reasonable efforts to accommodate physical or mental limitations of qualified applicants.

**Please print and answer all questions thoroughly.**

Application Date: \_\_\_\_\_ Position you are seeking: \_\_\_\_\_

How did you hear about this position? \_\_\_\_\_

## PERSONAL INFORMATION

Full Legal Name: \_\_\_\_\_

Full Address: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Social Security#: \_\_\_\_\_

Phone (Other): \_\_\_\_\_ Email: \_\_\_\_\_

## DESIRED EMPLOYMENT

Expected Salary or Wage: \$ \_\_\_\_\_ per hour Available Start Date: \_\_\_\_\_

Schedule Availability:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Available to Work Overtime? ☐ Yes ☐ No

Type of Employment: ☐ Full Time ☐ Part Time ☐ Temporary ☐ Seasonal ☐ Internship ☐ Volunteer

## QUESTIONNAIRE

Are you available to work in the U.S? ☐ Yes ☐ No

Have you previously been employed with this company?

If yes, please provide the date of your employment and position: \_\_\_\_\_

**Having friends or relatives at this company will not enhance or diminish your opportunity for employment.**

If hired, do you have a reliable means of transportation to work? ☐ Yes ☐ No

If hired, would there be restrictions on travel if required? ☐ Yes ☐ No

Have you ever been convicted of a felony? ☐ Yes ☐ No If yes, please explain: \_\_\_\_\_

## EMPLOYMENT HISTORY

Employer Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Employment Dates: \_\_\_\_\_

Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Starting Pay: \_\_\_\_\_ Ending Pay: \_\_\_\_\_

Job Duties/ Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Employment Dates: \_\_\_\_\_

Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Starting Pay: \_\_\_\_\_ Ending Pay: \_\_\_\_\_

Job Duties/ Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Employment Dates: \_\_\_\_\_

Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Starting Pay: \_\_\_\_\_ Ending Pay: \_\_\_\_\_

Job Duties/ Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

## EDUCATION & TRAINING

	NAME	ADDRESS	CITY/STATE	YEARS ATTENDED	DEGREE EARNED
HIGH SCHOOL					
UNDERGRADUATE/ COLLEGE					
GRADUATE/ COLLEGE					
OTHER					

List any certification, training, or other education not listed above that may help you qualify for this position:

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Please list any of the following skills that would make you efficient for this position (Microsoft Office, Multi-tasking, etc.):

\_\_\_\_\_

\_\_\_\_\_

## PERSONAL REFERENCES

List below three people not related to you who have knowledge of your work performance within the last 5 years.

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Company: \_\_\_\_\_ Phone#: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Company: \_\_\_\_\_ Phone#: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Company: \_\_\_\_\_ Phone#: \_\_\_\_\_

Address: \_\_\_\_\_

May we contact your current employer? ☐ Yes ☐ No

Please list any employer or person provided on this application that you do not authorize us to contact:

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## AGREEMENT & AUTHORIZATION

**Please read the following statements. Initial each paragraph and sign below.**

I certify that the above information is accurate and true to the best of my knowledge. In the event of my employment, I understand and agree that false or misleading information given in my application or interview(s) may result in discharge. Initial: \_\_\_\_\_

I understand that this application is for informational purposes only and does not constitute an offer of employment or an employment contract. If an employment relationship is later established, I understand my right to resign at anytime for any reason. I also understand that this company may also terminate my employment at any time, for any reason not prohibited by law. Initial: \_\_\_\_\_

I authorize **THE CITY OF RINCON** to inquire and investigate into my employment, educational, professional, criminal, and other background as needed to verify the information on this application and research my qualifications for this position. Unless specifically stated in this application, this company may contact all employers and references that I have provided in order to obtain this information. Initial: \_\_\_\_\_

I hereby release **THE CITY OF RINCON** from all liability that might result from such investigations into my background. Initial: \_\_\_\_\_

I understand that if I am offered a position with this company, I will be given a drug and alcohol test within 48 hours. I understand that negative test results are required as a condition of my employment, and that all test results will remain confidential. Initial: \_\_\_\_\_

I hereby acknowledge that I have read and agree to the above statements.

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Full Signature

\_\_\_\_\_

Date

## CONSENT FOR PRE-EMPLOYMENT BACKGROUND & REFERENCE CHECK

### Instructions to Applicant:

1. Please read carefully before signing this authorization.
2. As a result of your request for employment consideration with our company, we intend to investigate into your background to verify the information you have provided to us. Our inquiries will be limited to obtaining only information that is job related, and will include reference checks, previous employment inquiries, and verification of your training and education.
3. Because of your right to privacy, this form is needed to allow former employers, business references, and educational institutions to provide us with this information. This form will be mailed or faxed to these parties as verification that you have waived your right to privacy.
4. If you agree with these statements and the waiver provided below, please provide your signature and today's date at the bottom of this form.

## AUTHORIZATION & WAIVER

I hereby authorize **THE CITY OF RINCON** and its agents to conduct an investigation of my application for employment.

I authorize and request any, and all former employers, business references, and educational institutions to furnish (orally and/or in writing) information concerning my past job performance and my work, salary, and educational histories. I hereby release these parties and their representatives furnishing such information from any and all liability that may result from complying with this authorization.

I recognize that a photocopy or a facsimile of this original document is a valid

requisition. Printed Full Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone #: \_\_\_\_\_

# PHYSICAL AGILITY TEST WAIVER AND RELEASE

Rincon Fire Department  
Firefighter Selection Process

I, \_\_\_\_\_ (print your name), having filed an application to participate in examinations to be held by the Rincon Fire Department/City of Rincon, for the position of firefighter, having been advised that as part of the examinations, it will be necessary for me to demonstrate my physical skills and abilities in a series of test, and I hereby acknowledge that the physical test have been explained to me and that I understand the requirements of the physical tests, and I do hereby in consideration of the Rincon Fire Department/ City of Rincon permitting me to participate in such examinations, waive and release the Rincon Fire Department/ City of Rincon, Its officers, agents and /or employees, from any and all claims, damages, or liability whatsoever which might accrue or arise as a result of any injury or damage that I may sustain as a result of participating in such examinations. I further state that I am not aware of any condition, physical, or otherwise which could be aggravated, worsened, or otherwise be adversely affected by my participation of these tests. I make this release for myself, my heirs, executors, assigns and/or administrators and I hereby agree to indemnify and hold harmless the Rincon Fire Department/City of Rincon for all expenses, damages, and cost and attorney fees. Further, I understand and acknowledge that I am not an employee of the city of Rincon and therefore I am not covered by the City of Rincon's workers compensation coverage.

**I CERTIFY THAT I HAVE READ THE FOREGOING WAIVER AND RELEASE  
AND UNDERSTAND ITS PROVISIONS AND I AM SIGNING  
THIS RELEASE AND WAIYER. VOLUNTARILY**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Rincon Fire Department Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



# GEORGIA FIREFIGHTER STANDARDS AND TRAINING COUNCIL

## PHYSICAL AGILITY TEST ACCEPTANCE FORM

By signing below I hereby verify that the physical agility test currently utilized by the \_\_\_\_\_ Fire Department meets or exceeds the Physical Agility Test as approved by Georgia Firefighter Standards and Training Council.

The following series of tasks comprise the approved physical agility test as specified in OCGA 25-4-S(a) (5). All of the six tasks must be completed in seven minutes or less.

1.     Stair Climb  
The candidate, given a rolled 50-foot section of 1½ or 1¾ inch diameter hose and a multi-story structure, shall carry the hose section up one flight of stairs to the second floor and then return to the starting point with the hose. This exercise simulates the fire ground operation of carrying a section of fire hose to and from an upper level of a structure.
2.     Ventilation Exercise  
Given a fire department axe and standing on level ground with a target (such as a wooden pallet) placed on the ground in front of them, the candidate must strike the target with the axe 20 times. The axe must be brought completely over the shoulder to simulate a chopping motion as if cutting a ventilation hole. This exercise simulates the fire ground operation of cutting a ventilation hole using an axe.
3.     Ladder Extension  
The candidate, given a 24-foot aluminum extension ladder in a securely supported vertical position, must extend the fly section of the ladder to the top rung. The candidate must then lower the fly section in a controlled fashion to the starting position. This exercise simulates the fire ground operation of extending and lowering the fly section of a ground ladder as to reach an upper story of a structure.
4.     Hose Advance  
The candidate, given a charged (75 PSI nozzle pressure) 100-foot 1½ or 1¾ inch hoseline, shall pick-up the nozzle and advance the pressurized hoseline for a distance of 50 feet. After reaching the destination, the candidate shall lay the hose on the ground. This exercise simulates the fire ground operation of advancing a charged hoseline to a fire.

Supplying or condoning the submission of false information to this agency may be a violation of the criminal code of Georgia (Georgia Law 1968PP1249,1310).

## 5. Rescue Drag

The candidate, given a 165-pound dummy on a level paved surface, shall drag the dummy a distance of 50 feet. This exercise simulates the fire ground operation of an emergency removal from a hazardous area of a team member or victim who may be rendered incapacitated.

## 6. Ladder Removal/Replacement

The candidate, given a 14-foot roof ladder placed in a horizontal position at a height of 5 feet and with the ladder rungs in a vertical position, shall lift the ladder from its support and place it on the ground then pick it up and return it to its original position. This exercise simulates the fire ground operation of removing from and replacing a ladder on its mounting bracket on the fire apparatus.

**SPECIFIC NOTES:**

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**Print Name** \_\_\_\_\_ **Signature:** \_\_\_\_\_  
FIRE CHIEF, OR DESIGNEE

Department" \_\_\_\_\_ Date: \_\_ / \_\_ / \_\_

Supplying or condoning the submission of false information to this agency may be a violation of the criminal code of Georgia (Georgia Law 1968PP1249,1310).

# MEDICAL AFFIDAVIT

## PHYSICIAN MUST USE THIS FORM

Note to medical personnel:

This applicant, if certified, will have met the medical prerequisites necessary to gain employment or appointment at any fire department in the state of Georgia, including but not limited to, the current department of which he/she is a member.

Firefighters are charged with the responsibilities of mitigating a variety of emergency and non-emergency situations where life, property, or the environment is at risk. Firefighters may be required to work under extremely harsh environmental conditions requiring them to wear cumbersome protective clothing and equipment while performing strenuous physical activities. They may be required to perform rescue work and/or provide emergency medical treatment to individuals suffering from medical or traumatic emergencies. While performing or participating in these operations, firefighters may be required to make decisions that could have serious consequences to life and property.

\_\_\_ is applying to become a State Certified Firefighter.

I have examined \_\_\_\_\_ and to the best of my knowledge this person is in good physical condition.

\_\_\_\_\_  
Name of Physician, Physician Assistant, or Nurse (operating under a physician's authority)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date



# Rincon Police Department

107 W 17<sup>th</sup> Street • Rincon • Georgia 31326 (912) 826-5200

Chief Jonathon Murrell

## CRIMINAL HISTORY CONSENT FORM

I hereby authorize the Rincon Police Department to conduct an inquiry for the purpose written below and receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

\_\_\_\_\_  
Last First Middle

\_\_\_\_\_  
Physical Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Date of Birth Social Security Number Telephone Number

Sex Race  
[ ] Male [ ] Female [ ] White [ ] Black [ ] Asian [ ] Indian [ ] Other

**Please write your reason for this history:**

\_\_\_\_\_  
**Note:** This authorization is valid for seven (7) days from date of signature.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### OFFICE USE ONLY

CRN# \_\_\_\_\_ Purpose code \_\_\_\_\_

Terminal Operator \_\_\_\_\_