

City of LaGrange
Fire Department



Employment Application



CITY OF LAGRANGE • 200 RIDLEY AVENUE • LAGRANGE, GEORGIA 30240

EMPLOYMENT APPLICATION*

Active for 30 days unless otherwise notified Date Applied _____

NOTE: All fields must be answered fully in order to be considered for employment. Please ask for assistance if any portion of application is unclear. All candidates will be required to pass a pre-employment drug test.

LAST NAME	FIRST	MIDDLE	STREET ADDRESS	CITY	STATE	ZIP
PHONENUMBER		SOCIAL SECURITY NO.		YEARS AT ABOVE ADDRESS		

MAJOR FIELDS OF EMPLOYMENT INTEREST AND POSITIONS DESIRED

ARE YOU AVAILABLE TO WORK ANY TIME OF THE DAY YES NO

ARE YOU AVAILABLE TO WORK ANY DAY OF THE WEEK YES NO

FORMER CITY EMPLOYEE	DEPARTMENT/DIVISION	JOB TITLE & DUTIES	FROM	TO
YES <input type="radio"/> NO <input type="radio"/>				

RELATIVES WORKING FOR THE CITY OF LAGRANGE NAMES AND RELATIONSHIP (Past or Present)

ARE YOU A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO BE EMPLOYED IN THE UNITED STATES? YES NO

IN CASE OF AN EMERGENCY NOTIFY	ADDRESS	PHONE (INCLUDE AREA CODE)
		()

HAVE YOU EVER BEEN CONVICTED FOR VIOLATING ANY LAW? YES NO A YES WILL NOT NECESSARILY DISQUALIFY YOU FROM EMPLOYMENT IF YES, PLEASE EXPLAIN.

MUST POSSESS A VALID DRIVER'S LICENSE. PLEASE COMPLETE THE FOLLOWING:

POSSESS A VALID DRIVER'S LICENSE	GOOD DRIVING RECORD	DRIVER'S LICENSE NO.	DRIVER'S LICENSE CLASS/ENDORSEMENTS
YES NO	YES NO		

MILITARY HISTORY

BRANCH	DATE ENTERED	DATE DISCHARGED	TYPE OF DISCHARGE	HIGHEST RANK ATTAINED AND UNIT

INDICATE SPECIFIC SKILLS ACQUIRED IN THE U.S. ARMED FORCES

EDUCATIONAL HISTORY

SCHOOL NAME AND LOCATION	FROM	TO	LAST GRADE COMPLETED DIPLOMA/DEGREE	COURSE OF STUDY
HIGH SCHOOL				
TRADE (OR APPRENTICE) SCHOOL				
COLLEGE OR BUSINESS SCHOOL				
OTHER				

The City of LaGrange is an equal opportunity employer and provides fair and equal employment opportunities to all applicants for employment and employees without regard to race, color, religion, national origin, citizenship status, age, sex, disability, veteran's status, or political affiliation.

PLEASE COMPLETE BOTH SIDES AND ANSWER ALL QUESTIONS
ONLY COMPLETE APPLICATIONS WILL BE CONSIDERED.

USE THIS SPACE FOR COMMENTS ABOUT YOUR SPECIAL ABILITIES I.E. APPRENTICESHIPS, TOOLS, CERTIFICATIONS, EXPERIENCE, ETC.

NOTE: The City of LaGrange will conduct an extensive background check including contacting past employers, schools attended, and possibly a credit history. Please note any employers you do not want contacted.

EMPLOYMENT HISTORY (PLEASE COVER EMPLOYMENT HISTORY FOR PAST TEN YEARS, INCLUDING MILITARY IF APPLICABLE). USE ATTACHMENT IF NECESSARY.

(1) NAME OF EMPLOYER (2) ADDRESS OF EMPLOYER, (3) PHONE NUMBER	FADM MO.NR.	TO MO.NR.	WAGE RATE START/FINISH	JOB TITLE AND DUTIES	REASON FOR LEAVING SUPERVISOR'S NAME
name 1 address phone)					
name 2 address phone					
name 3 address phone ()					
name 4 address phone (}					

PLEASE COMPLETE ALL AREAS ABOVE, WHETHER OR NOT A RESUME IS ATTACHED.

WORK REFERENCES WE MAY CONTACT (INCLUDE AT LEAST TWO MOST RECENT OR CURRENT SUPERVISORS)

NAME	NAME
ADDRESS	ADDRESS
OCCUPATION	PHONE
NAME	NAME
ADDRESS	ADDRESS
OCCUPATION	PHONE

Please read this important information below. Ask for clarification if needed.

The undersigned has applied for employment with the City of LaGrange and hereby authorizes the City of LaGrange to contact my current and former employers and references for the purpose of acquiring information regarding me; I hereby authorize such employers and references to supply such information verbally or in writing to the City of LaGrange. In consideration for their furnishing such information, I hereby waive any and all claims against such former employers and references which may arise from their furnishing such information.

I understand the City of LaGrange has a Substance Abuse Prevention Program which includes drug testing. I agree to comply with applicable City policy.

I understand that once offered a position I will be required to take a medical examination and drug screening.

I understand that once offered a position I may be required to pass a physical examination as a condition of continued employment.

I certify that the answers given by me to all of the questions on this application are to the best of my knowledge and belief, true and correct. I further affirm that I have not knowingly withheld any facts or circumstances that would detrimentally affect my application for employment, and I understand that any misleading or incorrect statement may render this application void and would be cause for dismissal, if employed.

I AGREE THAT IF HIRED, THE CITY OF LAGRANGE OR I MAY TERMINATE MY EMPLOYMENT AT ANY TIME WITH OR WITHOUT CAUSE. I UNDERSTAND THAT NO CITY POLICY, PRACTICE, PROCEDURE, OR STATEMENT BY ANY CITY REPRESENTATIVE SHALL LIMIT OR ALTER THIS AT-WILL EMPLOYMENT RELATIONSHIP.

Date Available for Work _____ Applicant's Signature _____

CITY OF LAGRANGE
FIRE/RESCUE DEPARTMENT

CONFIDENTIAL
QUESTIONNAIRE

APPLICANT NAME: _____

POSITION: _____

DATE: _____

REVIEWED BY: _____

NOTICE TO APPLICANT

Please complete this booklet in its entirety and return it to Human Resources for the continued processing of your application. Answer all questions thoroughly and honestly.

I can not stress enough the importance of the accuracy of our answers. The information, which you supply in this booklet, will be compared with information provided by others throughout the application process. You will be asked to verify these answers at the polygraph examination. Any discrepancy or omission may result in your removal from this application process. You may not be especially proud of something you have done in the past but you **must** write it down! Many candidates are removed from the process for this reason each year. The tragic irony is that what they omitted or falsified may not have excluded them from consideration.

It is important that you understand that the process involved in the selection of Firefighters is labor intensive and will require 30 to 60 days, a process consisting of background investigation, written testing, physical agility testing, oral interviews and employment assessment.

If you have any questions about the application process or clarification about any of the questions contained in this booklet, please call us at (706) 883-2025.

City of LaGrange
Human Resources Department
200 Ridley Avenue
LaGrange, Georgia 30240

VISION REQUIREMENTS

In order to successfully pass the physical examination, which is required prior to employment, you must have corrected vision of 20/20 in each eye. Your uncorrected vision may be no greater than 20/200 and you must not suffer from color blindness.

APPLICANT: READ THIS FIRST

No other document which you will prepare during your application for Firefighter will be as important as the attached booklet. It is in your own best interest to follow instructions carefully. There are many more applicants for employment than available positions. A properly completed document enables us to better evaluate your application. We may be unable to process an incomplete document, and this may nullify your employment application.

ENTRIES MUST BE TYPED OR HANDWRITTEN BY THE APPLICANT IN BLACK INK

Before completing this document, closely read the instructions, which are written throughout. There are a number of official documents you are required to obtain, and some of these documents may be necessary to adequately complete this booklet.

When mentioning persons, be sure to fully identify the individual by his/her full correct name. Further, give complete address to determine street numbers, correct street spellings, apartment numbers, telephone numbers and zip codes.

When completing the residence portion of this booklet, be sure that you provide every address where you have lived for the past ten years. Begin, in order, from your present address. If necessary, call the appropriate person to find out the exact address and time period when you resided at that address.

When completing the employment portion of this booklet, be sure you provide each employer from your current employment through the last ten years. If there was a period of unemployment, enter it in the booklet in the same sequence and manner as if this were another employer by indicating "from" and "to" and printing "UNEMPLOYED" in the block headed "Name of Employer". If you worked more than one job at one time, place the major first job and enter the part-time or secondary job in the block immediately after the primary position. Finally, if you were ever involuntarily separated from a job [i.e. last month or twenty years ago], include this in your employment record. **If additional space is needed for any item, the answer may be continued on the reverse side of the page.**

CITY OF LAGRANGE

NOTICE TO FIRE/RESCUE DEPARTMENT APPLICANTS

Applicants must submit and successfully complete the following:

- I. A physical agility test.
2. An application package that will be reviewed for thoroughness and accuracy as part of the **hiring process**.
3. An interview with Deputy Chief's (Field Operations) and a written essay.
4. A written test.
5. Pass a thorough examination. Areas of questions consist of Work History, Driving History, Criminal Violations, Use of Illegal Drugs, Employment.
- 6'c' Pass a thorough investigation to include character, experience, background and physical fitness.
7. An investigation of all police records, all previous employment, past places of residence, personal habits including criminal conduct, military records, credit history, educational background and other areas deemed pertinent.
8. An interview conducted by the Fire Chief.
9. A psychological examination at City expense.**
10. A drug screen.**
- II. Upon an offer of employment, pass a physical examination.**

**These examinations are conducted after a conditional offer of employment has been made.

MINIMUM REQUIREMENT FOR FIREFIGHTER APPLICANTS

- 1. A high school education or its equivalent as recognized by the Georgia Department of Education. (Minimum GED score of 45 per section-total 225.)**
- 2. Certification as an EMT/I or EMT/P with the State of Georgia, within 2 years of employment.**
- 3. Preferred-Certification from Georgia Firefighters Standards and Training Council as Certified Firefighter.**
- 4. Preferred-Minimum of 30 quarter hours in Associates degree.**
- 5. Pass the required background investigation, polygraph examination, and physical examination.**
- 6. Willing to work in harmony and on any shift or assignment.**
- 7. Must be a United States citizen.**
- 8. Must have a valid Georgia's driver's license (Class B-Minimum)**

The City of LaGrange welcomes you as an applicant for a position with the Fire/Rescue Department, but if you cannot meet or abide by the above stated conditions and/or requirements, it is suggested that you not complete a formal application as exceptions cannot be made. The City of LaGrange is an equal employer.

CITY OF LAGRANGE

FIRE/RESCUE DEPARTMENT
115 HILL STREET
LAGRANGE, GEORGIA 30240

PERSONAL INQUIRY WAIVER
AUTHORITY FOR RELEASE OF INFORMATION

TO WHOM IT MAY CONCERN:

I respectfully request and authorize you to furnish the LaGrange Fire Department any and all information, including that of a confidential or privileged nature, you may have concerning me. This includes police records, court records, work records, school records, military records, credit and financial records, medical and mental records. This information will be used to assist in determining my qualifications and fitness for employment with the LaGrange Fire/Rescue Department.

Intending to be legally bound hereby, I release you, your organization, and others contacted from any liability or damage which may result from furnishing the information requested. Photostatic copies of this authorization carry the same authority as the original.

Signature, _____ Date, _____

Street Address, _____

City, _____ State, _____ Zip, _____

Before me personally appeared _____ who stated this document and its intent was explained to he/she has full knowledge of its purpose and that he/she executed this instrument of his/her own free will and accord.

Subscribed and sworn to me in my presence this, _____ day of _____, 19 __.

Notary Seal

NOTARY PUBLIC

NOTE: YOUR APPLICATION WILL NOT BE PROCESSED IF THIS FORM IS NOT PROPERLY COMPLETED.

Again, answer each question completely and honestly. Add extra sheets if you need more space than provided. Many people are not accepted because of omissions and concealment rather than because of previous behavior. While indiscretion or other situations in your life history may or may not be condoned, deception will absolutely be tolerated.

Finally, when you have fully completed this booklet return it to:

Human Resources Department
City of LaGrange
200 Ridley Ave.
LaGrange, Georgia 30240

You must furnish our department with one (1) copy each of the following documents:

- 1) Your Birth Certificate
- 2) Your High School Diploma/GED
- 3) Your College Transcripts
- 4) Your DD-214 (if applicable)
- 5) Your Naturalization Certificate (if applicable)
- 6) Your Driver's License
- 7) Your Social Security Card
- 8) A copy of your Firefighter Certification or NPQ Equivalency
- 9) A copy of your EMT/1 or EMT/P certification
- 10) Photo identification

IN ADDITION TO THE ABOVE:

- 11) **RETURN THE ENCLOSED PERSONAL INQUIRY WAIVER COMPLETED AND NOTARIZED. RETURN THE ORIGINAL ONLY; NO ADDITIONAL COPIES ARE REQUIRED.**

APPLICANT INFORMATION

Applicant Name: _____

_____ **Last** **First** **Middle**

Present
Address: _____

Home Phone: _____ Work Phone: _____

Nicknames: _____

Maiden Name (if applicable): _____

Date of Birth: _____

Social Security Number _____ - _____ - _____

Place of Birth: _____

FAMILY BACKGROUND OF APPLICANT

Provide complete address, zip codes, and phone numbers.

Father: _____

_____ **Last** **First** **Middle** **DOB**

Address: _____

_____ **Street Address** **City** **State** **Zip Code**

Home Phone: _____ Work Phone: _____

Mother: _____

_____ **Last** **First** **Middle** **DOB**

Address: _____

_____ **Street Address** **City** **State** **Zip Code**

Home Phone: _____ Work Phone: _____

NOTE: If you were reared by anyone other than your parents, give the following information concerning those who raised you below:

Name of Person: _____

_____ **Last** **First** **Middle** **DOB**

Address: _____

_____ **Street Address** **City** **State** **Zip Code**

Home Phone: _____ Work Phone: _____

Dates you were under this person's charge: From: _____

Month Day Year

To: _____

Month Day Year

List applicant's addresses for the past ten years. (Work backwards, list current address first.)

1. _____ From: _____ To: _____

2. _____ From: _____ To: _____

3. _____ From: _____ To: _____

EDUCATION/TRAINING/SKILLS

HIGH SCHOOL/VOCATIONAL SCHOOL GRADUATED FROM:

SCHOOL	ADDRESS	CITY/STATE/ZIP
_____	_____	_____
_____	_____	_____
_____	_____	_____

Graduated High School/GED awarded: _____
Highest Grade Completed: _____

COLLEGES/UNIVERSITIES

What colleges or universities have you attended? (List most recent first and work backwards.)

College/University	Location	Graduated	Major
_____	_____	Yes___No___	_____
_____	_____	Yes___ No___	_____
_____	_____	Yes___ No___	_____

Have you ever been suspended or expelled for academic probation from any school?
Yes___No___ If yes, explain.

FOREIGN LANGUAGE SKILLS

Are you able to communicate in any language other than English (including sign language)?
Yes___No___ If yes, specify and slate fluency and reading levels:

MILITARY STATUS OF APPLICANT

Have you served in the armed forces of the U.S.? Yes ___ No ___

If yes, branch of service: _____

Date of Service From: _____ To: _____

Type of Discharge: (Exclude Medical Reasons) _____

Any reserve obligation: Yes _____ No _____

If yes, supply reserve organization name and address below:

Organization: _____

Address: _____

Supervisor: _____ Business Phone: _____

Were you ever subject to any type of disciplinary action while serving in the Armed Forces? If yes, describe in detail.

Have you ever been denied entrance to any of the Armed Forces? Yes ___ No ___ If yes, explain the basis for your denial (except for Medical Reasons).

APPLICANT'S EMPLOYMENT BACKGROUND

List all employment including part-time, beginning with current employer first, and work backwards **FOR A PERIOD OF TEN (10) YEARS**. You must include any employment which you were terminated, regardless of when it occurred in your work history.

Organization: _____
Address: _____ Phone: _____
Applicant's Supervisor: _____
Applicant's Position: _____
Dates of Employment: From: _____ To: _____
Reason for leaving: (Exclude Medical Reasons) _____

We will contact your current employer in the course of our background investigation.

Supervisor's Name: _____ Telephone: _____

List all other fire departments with which you have applied for employment.

Department

Organization: _____
Address: _____ Phone: _____
Applicant's Supervisor: _____
Applicant's Position: _____
Dates of Employment: From: _____ To: _____
Reason for leaving: (Exclude Medical Reasons) _____

Organization: _____
Address: _____ Phone: _____
Applicant's Supervisor: _____
Applicant's Position: _____
Dates of Employment: From: _____ To: _____
Reason for leaving: (Exclude Medical Reasons) _____

Organization: _____
Address: _____ Phone: _____
Applicant's Supervisor: _____
Applicant's Position: _____
Dates of Employment: From: _____ To: _____
Reason for leaving: (Exclude Medical Reasons) _____

Organization: _____
Address: _____ Phone: _____
Applicant's Supervisor: _____
Applicant's Position: _____
Dates of Employment: From: _____ To: _____
Reason for leaving: (Exclude Medical Reasons) _____

Organization: _____
Address: _____ Phone: _____
Applicant's Supervisor: _____
Applicant's Position: _____
Dates of Employment: From: _____ To: _____
Reason for leaving: (Exclude Medical Reasons) _____

Organization: _____
Address: _____ Phone: _____
Applicant's Supervisor: _____
Applicant's Position: _____
Dates of Employment: From: _____ To: _____
Reason for leaving: (Exclude Medical Reasons) _____

Organization: _____
Address: _____ Phone: _____
Applicant's Supervisor: _____
Applicant's Position: _____
Dates of Employment: From: _____ To: _____
Reason for leaving: (Exclude Medical Reasons) _____

Organization: _____
Address: _____ Phone: _____
Applicant's Supervisor: _____
Applicant's Position: _____
Dates of Employment: From: _____ To: _____
Reason for leaving: (Exclude Medical Reasons) _____

Organization: _____
Address: _____ Phone: _____
Applicant's Supervisor: _____
Applicant's Position: _____
Dates of Employment: From: _____ To: _____
Reason for leaving: (Exclude Medical Reasons) _____

Organization: _____
Address: _____ Phone: _____
Applicant's Supervisor: _____
Applicant's Position: _____
Dates of Employment: From: _____ To: _____
Reason for leaving: (Exclude Medical Reasons) _____

Organization: _____
Address: _____ Phone: _____
Applicant's Supervisor: _____
Applicant's Position: _____
Dates of Employment: From: _____ To: _____
Reason for leaving: (Exclude Medical Reasons) _____

Organization: _____
Address: _____ Phone: _____
Applicant's Supervisor: _____
Applicant's Position: _____
Dates of Employment: From: _____ To: _____
Reason for leaving: (Exclude Medical Reasons) _____

If you answer "yes" to any of the questions below, give full details including the name and address or each employer, approximate dates and the circumstances in each case.

Have you ever been discharge or disciplined at any employment?

Yes _____ No _____ If yes, explain.

Have you resigned while anticipating that your employer intended to discharge you for any reason? Yes _____ No _____ If yes, explain.

Have you ever resigned while anticipating that your employer intended to take any form of disciplinary action against

you? Yes _____ No _____ If yes, explain.

MISCELLANEOUS

SPECIAL SKILLS/ TRAINING

DO YOU HAVE SKILLS OR TRAINING IN THE FOLLOWING AREA?

SKILL/TRAINING	NO	YES	SPECIFY COURSE/CERTIFICATION
----------------	----	-----	---------------------------------

EMT/Paramedic

Emergency Driving

...

Firefighting

Hazardous Materials

Leadership

Aircraft Rescue

MIS/Computers

Other (Specify):

Is there anything else in your background that you feel we should be aware of as we consider your employment application? Yes _____ No _____ (if yes, explain)

FIREFIGHTER EXPERIENCE

Do you have experience as certified firefighter? Yes _____ No _____ If yes, explain, listing State certifications held and date of certification:

Do you have experience as a volunteer firefighter (non-certified)? Yes _____ No _____ If yes, explain.

Do you have experience as a volunteer, cadet, explorer with this or any other agency?
Yes _____ No _____
If yes, explain.

Have you ever had any extended work absences for reasons other than medical or earned vacations? Yes _____ No _____
If yes, explain: _____

REPEATING NOTICE TO APPLICANT

PLEASE COMPLETE THIS QUESTIONNAIRE IN ITS ENTIRETY. ADD EXTRA SHEETS IF YOU NEED MORE SPACE THAN PROVIDED.

RETURN COMPLETED PACKET TO:

HUMAN RESOURCES DEPARTMENT
CITY OF LAGRANGE
200 RIDLEY AVENUE
LAGRANGE, GEORGIA 30240

You must furnish our department with one (1) copy each of the following documents:

- 1) Your Birth Certificate
- 2) Your High School Diploma/GED
- 3) Your College Transcripts
- 4) Your DD-214 (if applicable)
- 5) Your Naturalization Certificate (if applicable)
- 6) Your Driver's License
- 7) Your Social Security Card
- 8) A copy of your Firefighter Certification or NPQ Equivalency
- 9) A copy of your EMT/I or EMT/P certification
- 10) Photo identification

IN ADDITION TO THE ABOVE:

- 11) RETURN THE ENCLOSED PERSONAL INQUIRY WAIVER COMPLETED AND NOTARIZED. RETURN THE ORIGINAL ONLY; NO ADDITIONAL COPIES ARE REQUIRED.

I CERTIFY THAT ALL ENTRIES MADE BY ME IN THIS BOOKLET ARE TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I FURTHER UNDERSTAND THAT IF AT ANYTIME DURING THE COURSE OF THE BACKGROUND INVESTIGATION OR DURING MY EMPLOYMENT WITH THE LAGRANGE FIRE/RESCUE DEPARTMENT, IT IS DISCOVERED THAT I HAVE MADE ANY UNTRUTHFUL STATEMENT, FALSIFIED MY APPLICATION OR GIVEN ANY MISLEADING STATEMENTS, IT SHALL BE SUFFICIENT CAUSE FOR MY IMMEDIATE TERMINATION.

Signature of Applicant

Print Name _____

Date, _____

CITY OF LAGRANGE
TROUP COUNTY, GEORGIA

PHYSICAL AGILITY TEST
PERSONAL INJURY WAIVER

Applicant Name: _____

Date of Birth: _____

Social Security Number: _____

WAIVER

I, the above named applicant, hereby releases the City of LaGrange or any of its officials or authorized representatives from any liability or damage for any physical injury which may result from performing the physical agility test for the position of Firefighter.

Applicant Signature Date

Applicant Complete Address

AFFIDAVIT

State of _____

County of _____

Before me personally appeared the said _____ who says that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose thereof.

Sworn to and subscribed in my presence this _____ day of _____

Notary Public

Seal

My commission expires on _____

CITY OF LAGRANGE

SUPPLEMENTAL APPLICATION

FIRE/RESCUE DEPARTMENT

NAME: _____ DATE: _____

The information supplied on the supplemental form will become a permanent part of the employment application.

Please answer the following question in the space provided below.

Why do you want to become a Firefighter and what do you feel is the scope of job responsibility of a Firefighter?

Please utilize the full page in answering and elaborate on your statements.

Date

Signature (In Full)

PHYSICAL AGILITY TEST

LAGRANGE FIRE/RESCUE DEPARTMENT

Overview:

The physical agility course shall be performed while wearing full protective clothing and breathing air from your SCBA. The SCBA has an approximate weight of 43 lbs. Once the air supply is your SCBA has been exhausted you shall go through the emergency procedures as taught during the LaGrange Fire/Rescue Department Recruit School and prior to this examination by the Training Division. In this case, you will need to filter breathe to complete the course.

TASK I- HOSE CARRY

The candidate shall place upon his/her shoulder and carry two (2) 50 ft. sections of $\frac{3}{4}$ " fire hose weighing approximately 40 lbs. from the Engine Bay up one flight of stairs to the third floor, then down one flight of stairs and exiting into the Engine Bay. This exercise simulates moving fire hose up and down stairs as found in high rise or multiple level facilities. After completion, proceed to Task II.

Physical Abilities Measured

Leg Strength and endurance, cardiovascular endurance

Physical Abilities Required

Leg, arm, back strength, cardiovascular endurance

TASK II- PIKE POLE PULL

The candidate shall grasp the pike pole with both hands and pull the handle downward until the butt touches the floor, then return it to its original position. Repeat this procedure for twenty-five (25) repetitions. The pike pole in this exercise shall be a 7 ft. 8 inch pike pole connected to a rope that is attached to two (2) 50 ft. sections of $1\frac{3}{4}$ " fire hose suspended to the ceiling rafters of the Engine Bay. NOTE: When performing this exercise, the candidate shall stand upright, flatfooted and reach up to grasp the pike pole. At no time shall the candidate grasp the pike pole higher than the point at which he/she grasped the pole while standing flatfooted. This exercise simulates using manual hand tools (pike pole) to pull down ceiling debris and material for ventilation. After completion proceed to Task III.

Physical Abilities Measured

Arm, grip, back strength

Physical Abilities Required

Leg, arm, grip, back strength

TASK III- SEARCH AND RESCUE

The candidate shall, while on hands and knees, conduct a left hand search patten along the wall in the Engine Bay, locate a victim (manikin) weighing approximalely 150 lbs., and remove the victim to the nearest exit approximately 33 feet away. This simulates how firefighters conduct primary and secondary search patterns, locate and remove unconscious victims during structure fires. After completion, proceed to Task IV.

Physical Abilities Measured

Back, arm, leg, grip strength

Physical Abilities Required

Leg, arm, grip, back strength

TASK IV- LADDERREMOVAU REPLACEMENT

The candidate shall remove a 14' roof ladder weighing approximately 39 lbs. from a ladder rack bracket 6ft. 1 inch off the ground, place the ladder on your shoulder, carry the ladder 50' around a fixed location (orange cone), return to ladder rack and replace ladder back on bracket. This exercise simulates removing a ladder from the side of an engine company and moving it to a fire scene. After completion, proceed to Task V.

Physical Abilities Measured

Leg, arm, grip, chest, strength and endurance

Physical Abilities Required

Leg, arm, grip, chest, strength and endurance, cardiovascular endurance

TASK V- 1 ¾" HOSE ADVANCE

The candidate shall advance a charges 1 ¾" fire hose attack line 100 feet, position nozzle and flow water to a specified target. Hose may be advanced in any safe manner. NOTE: Nozzle shall not be dropped on ground before, during or after exercise. This exercise simulates moving hose lines from one location to another under fire conditions. After completion, proceed to Task VI.

Physical Abilities Measured

Leg, arm, grip, back strength, cardiovascular endurance

Physical Abilities Required

Leg, arm, grip, back strength

TASK VI- CULVERT CRAWL

The candidate shall crawl through a culvert (drain) pipe approximately 36" in diameter and 23 ft. in length. During this exercise, it may become necessary to remove your SCBA to complete the exercise. During the time your SCBA is removed, you shall continue to breathe air supplied from your SCBA. This exercise simulates operating in a confined space rescue situation. After completion proceed to Task VII.

Physical Abilities Measured

Leg, arm strength, balance

Physical Abilities Required

Leg, arm strength, balance

TASK VII- FORCIDLE ENTRY AND VENTILATION

The candidate shall straddle a 165 lb. iron beam while standing on two (2) 10" wide and 3 ft. long wooden runners placed about 18 inches apart. Using an 8 lb. dead blow hammer, the candidate shall strike the beam repetitively driving it a distance of 5 feet. After completion, proceed to Task VIII.

Physical Abilities Measured

Arm, grip, back strength

Physical Abilities Required

Leg, arm, grip, back

strength

TASK VIII- ATTIC CRAWL

The candidate shall crawl 12 foot over simulated ceiling joists with diminishing heights. Candidate shall enter the simulator by the most appropriate method and proceed out the opposite end. NOTE: It may become necessary to remove your SCBA to complete this exercise. During the time your SCBA is removed, you shall continue to breathe air from your SCBA. This exercise simulates operating in an attic space.

Physical Abilities Measured

Leg, arm strength, balance

Physical Abilities Required

Leg, arm strength, balance