

# FLINT HILL FIRE DISTRICT

## APPLICATION FOR EMPLOYMENT COVER PAGE

Thank you for your interest in employment with the Flint Hill Fire District. Please indicate the method(s) of communication you wish us to use in regard to your application and provide the appropriate information below.

- Email
- US Mail (Please note this method may not allow enough time for proper communication)
- Telephone
- Fax

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

Position applying for: \_\_\_\_\_

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### Contact Information

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

Address: \_\_\_\_\_  
Street (PO Box) City State ZIP

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

Fax: \_\_\_\_\_



# FLINT HILL FIRE DISTRICT

## APPLICATION FOR EMPLOYMENT

Flint Hill Fire District is an Equal Opportunity Employer. We do not discriminate on the basis of race, color, religion, gender, national origin, age, disability, veteran status, or any other status protected under local, state or federal laws.

**Instructions:** Please complete the application in blue or black ink. Flint Hill Fire District will not accept incomplete applications. This application is incomplete unless all required information is supplied. Do not write "see resume" in any blank.

**Position Applied For:** \_\_\_\_\_

**Date of Application:** \_\_\_\_\_

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### **SECTION ONE: PERSONAL INFORMATION**

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Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street (PO Box) City State ZIP

Previous Legal Names – Identify the period and under what circumstances the name was used.

1. \_\_\_\_\_

2. \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_ Class: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_

Male  Female  Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**SECTION TWO: ELIGIBILITY**

Are you a citizen of the United States? \_\_\_\_\_ How long? \_\_\_\_\_ Birthplace: \_\_\_\_\_

Have you been naturalized? \_\_\_\_\_ Date: \_\_\_\_\_ Certificate Number: \_\_\_\_\_

Are you a South Carolina or North Carolina resident? \_\_\_\_\_ How long? \_\_\_\_\_

Have you ever been employed by Flint Hill FD? \_\_\_\_\_ Dates: \_\_\_\_\_

Have you ever been a member of Flint Hill FD? \_\_\_\_\_ Dates: \_\_\_\_\_

Have you ever filed an application with Flint Hill FD for membership or work? \_\_\_\_\_ Dates: \_\_\_\_\_

Chronologically list any fire department affiliation you have or have had in the past. Chiefs will be contacted. Failure to list a fire department affiliation here is grounds for termination should an affiliation be discovered after employment. Attach an additional sheet if necessary.

Department	Location City/State	Dates		Chiefs Name	Chief's Phone
		From	To		

To what extent do you use controlled substances (including Tobacco or Alcohol): \_\_\_\_\_

Have you ever been involuntarily terminated or forced to resign from any job? Yes  No

If yes, provide details: \_\_\_\_\_

Have you ever been convicted of a felony? Yes  No

If yes please give dates and explain conviction. \_\_\_\_\_

In the last 5 years, have you been convicted of a crime or misdemeanor other than a routine traffic violation? Yes  No  If yes please give dates and explain conviction. \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Note: Disclosure of a criminal record will not necessarily disqualify you from employment consideration. Each conviction will be evaluated on its own merit with respect to time, circumstances, and seriousness in relation to the job you are applying for. Failure to disclose such information may result in disqualification of consideration from employment, or termination if employed.

Have you had your driver's license suspended or revoked within the last two years? Yes  No

If yes, give details: \_\_\_\_\_  
 \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ Employer: \_\_\_\_\_

May we contact your employer? Yes  No  Phone Number: \_\_\_\_\_

**SECTION THREE: RESIDENCES**

Present Address: \_\_\_\_\_  
Street Address Apt. # City State Zip

Mailing Address: \_\_\_\_\_  
Street Address / P.O. Box City State Zip

Chronologically list all of your residences for the past ten (10) years, including any address you had while attending school. Attach an additional sheet if necessary.

Dates		Street Address	Apt.	City	State	Zip
From	To					

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## SECTION FOUR: EDUCATION

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Educational Background – Circle Highest School Year Completed:      High School Diploma?    Yes     No

1   2   3   4   5   6   7   8   9   10   11   12   13   14   15   16   17   18      GED Certificate?      Yes     No

Chronologically list all of the schools you have attended. Attach an additional sheet if necessary.

School Attended	Location City/State	Field of Study	Dates Attended		Type of Degree & Date Received
			From	To	

Describe any specialized training, apprenticeship, skills, and extra-curricular activities: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you hold an NFPA FF II Certification?    Yes     No     Issuer \_\_\_\_\_

Do you hold a current EMT Certification?    Yes     No     Issuer \_\_\_\_\_

Attach a copy of transcript(s) showing certification(s) if desired.

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## SECTION FIVE: REFERENCES

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Provide two (2) professional references, not relatives, who are familiar with your job performance and have known you for at least five (5) years. Also provide two (2) personal references, not relatives, who have known you socially during the past five (5) years.

### Professional Reference

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

Address: \_\_\_\_\_      City: \_\_\_\_\_      Years Acquainted: \_\_\_\_\_

State: \_\_\_\_\_    ZIP: \_\_\_\_\_    Home Ph: \_\_\_\_\_    Work Ph: \_\_\_\_\_

**Professional Reference**

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_  
State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_

**Personal Reference**

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_  
State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_

**Personal Reference**

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_  
State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_

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**SECTION SIX: EMPLOYMENT HISTORY**

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Start with your present or last job. List previous employers including summer and part-time work. Attach additional sheets if necessary.

**Employer:** \_\_\_\_\_ **Position:** \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Dates: From \_\_\_\_\_ to \_\_\_\_\_ Hourly Rate/Salary: \$ \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
\_\_\_\_\_

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

**Employer:** \_\_\_\_\_ **Position:** \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Dates: From \_\_\_\_\_ to \_\_\_\_\_ Hourly Rate/Salary: \$ \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Job Duties: \_\_\_\_\_

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

**Employer:** \_\_\_\_\_ **Position:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates: From \_\_\_\_\_ to \_\_\_\_\_ Hourly Rate/Salary: \$ \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Job Duties: \_\_\_\_\_

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

**Employer:** \_\_\_\_\_ **Position:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates: From \_\_\_\_\_ to \_\_\_\_\_ Hourly Rate/Salary: \$ \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Job Duties: \_\_\_\_\_

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

**Employer:** \_\_\_\_\_ **Position:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates: From \_\_\_\_\_ to \_\_\_\_\_ Hourly Rate/Salary: \$ \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Job Duties: \_\_\_\_\_

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



**Employer:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Dates:** From \_\_\_\_\_ to \_\_\_\_\_ **Hourly Rate/Salary:** \$ \_\_\_\_\_

**Supervisor's Name:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

**Job Duties:** \_\_\_\_\_

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

**Employer:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Dates:** From \_\_\_\_\_ to \_\_\_\_\_ **Hourly Rate/Salary:** \$ \_\_\_\_\_

**Supervisor's Name:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

**Job Duties:** \_\_\_\_\_

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

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**SECTION SEVEN: MILITARY RECORD**

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Have you ever served in the Armed Forces of the United States? Yes  No

If Yes, which branch of service? \_\_\_\_\_ Highest rank attained: \_\_\_\_\_

Date of Enlistment: \_\_\_\_\_ Discharge Date: \_\_\_\_\_ Occupation: \_\_\_\_\_

Type of Discharge received: \_\_\_\_\_ Reserve Status: \_\_\_\_\_

Veteran's Preference Claimed? Yes  No  If Yes, what is the basis for the claim? \_\_\_\_\_

Describe any job-related training you received in United States Military: \_\_\_\_\_

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**SECTION EIGHT: APPLICANT DATA RECORD**

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(Please Print)

Your Name: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

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

Check one:    Male                   Female

Check one of the following race / ethnic groups (optional):

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Hispanic or Latino (All races)
- Hispanic or Latino (White race only)
- Hispanic or Latino (All other races)

Check if any of the following are applicable:

- Veteran
- Disabled Individual

**APPLICANT'S STATEMENT AND RELEASE OF INFORMATION PERMISSION**

Applicants must read and sign below prior to submitting this application.

I certify that all answers given herein are true and complete to the best of my knowledge. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my discharge if discovered at a later date.

I understand and agree that Flint Hill Fire District may investigate my background including but not limited to work record, schooling, reputation, and any law enforcement records pertaining to criminal convictions, guilty pleas, or no contest pleas pertaining to felonies or misdemeanors involving dishonesty or theft. I further agree that this information, including that of a privileged or confidential nature, may be received or utilized by the Fire Chief and the Flint Hill Fire District Board in evaluating my suitability of as an applicant. I release employers, agencies, and persons named herein from any and all liability resulting from the furnishing of such information. A copy of this release is as valid as an original signature.

I agree to furnish any additional information and/or submit to oral, written or physical examinations as may be required to complete the pre-employment evaluation. I understand further consideration is precluded should I fail to provide requested information or for any reason not complete the examination procedures.

It is agreed and understood that this application for employment does not obligate Flint Hill Fire District to employ the applicant. Further, I understand and agree that if employed, my employment is at will only, for no term or definite duration, and is subject to the rules, regulations, policies, and procedures adopted by Flint Hill Fire District. At will employment means either Flint Hill Fire District or the employee may end the employment relationship at any time, for any reason or for no reason at all. No oral representation by any representative of Flint Hill Fire District or its employees will create a contract of employment.

I understand and agree that, if offered employment, I may be required to successfully pass a drug test, a psychological screening, a criminal background check and a pre-employment physical exam.

I understand and agree that, if employed by Flint Hill Fire District, I will be required to abide by all rules, regulations, policies, and procedures of Flint Hill Fire District and Flint Hill Fire Department.

This certifies that this application was completed by me, the undersigned, and that all entries and information on it are true and complete to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant



# FLINT HILL FIRE DISTRICT

## PHYSICAL AGILITY TEST OVERVIEW

Firefighting is an occupation that from time to time requires extreme physical exertion in compressed time frames, sometimes under life or death conditions. The purpose of the Physical Agility Test is to determine if a participant has the capability of meeting the physical demands of the job.

There are two components used in scoring – a participant's ability to successfully complete a task and the amount of time it takes to complete the entire test. A participant must successfully complete every task and complete the test in 8 minutes or less in order to pass.

- Participants will wear close toed shoes, long pants, tee or long sleeve shirt, gloves, helmet and a 40 lb. weight vest or SCBA during the test. FHFD firefighters will wear full turnout gear and SCBA during annual testing.
- Participants will be screened by medical staff before and after the test and during the test as necessary. Decisions of the medical staff as to the fitness of a participant to continue are final.
- A proctor will monitor each participant and direct them through the course. If a proctor feels a participant is unable to continue for any reason the proctor will terminate the test immediately and escort the participant to medical attention.
- Times will be kept by 2 time keepers with the fastest time being recorded.

The test is broken into two parts encompassing 8 tasks. Part One contains 2 untimed tasks. Part Two contains 6 timed tasks.

### PART ONE

**Task 1 – Tread Mill:** 3 minute walk at 3 mph with a 10% incline after a 20 second warm up.

**Task 2 – Ladder Climb:** Climb a 24 ft. extension ladder, tap a target with one hand, climb back down.

### PART TWO

**Task 3 – Hose Drag:** Drag 200 ft of uncharged 1.75" hose 100 ft. around a barrel and stop in a designated area. Drop to a knee in the designated area and pull 50 ft. of hose into the designated area.

**Task 4 – Equipment Carry:** Remove 2 five gallon foam buckets from a waist high shelf one at a time. Carry them 50 ft. around a barrel and return to the shelf. Place them back on the shelf one at a time.

**Task 5 – Ladder Raise:** Raise a 14 ft. roof ladder against a wall. Using a prop simulate raising a 24 ft extension ladder to full extension.

**Task 6 – Forcible Entry:** Using a Keiser Machine move a 150 lb weight 5 ft, striking the weight with a 9 lb. dead weight hammer.

**Task 7 – Breach and Pull:** Using a 10 ft. Pike Pole push a weight up 4 times and pull a weight down 4 times. Repeat this sequence 4 times.

**Task 8 – Rescue:** Drag a 165 lb. rescue dummy 35 ft. around a cone and back to the starting point using a head first, face up drag.



# FLINT HILL FIRE DISTRICT

## PHYSICAL AGILITY TEST MEDICAL RELEASE

This form must be completed by the applicant and a licensed medical doctor prior to reporting for a Physical Agility Test.

### **Applicant:**

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

Address: \_\_\_\_\_  
Street (PO Box) City State ZIP

### **Physicians Statement:**

In my medical opinion the above named person will be able to perform the Physical Agility Test required by the Flint Hill Fire District without physically harming themselves. With my signature I hereby acknowledge receiving a description of the test in sufficient detail to make this determination.

\_\_\_\_\_  
Physicians Signature

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Physicians Office Address

\_\_\_\_\_  
Physicians Office Phone