

Annual Salary: _____
Hourly Rate: _____



Hire Date: _____
ID #: _____

Southside Communities Fire Protection, Inc.
Setting the Standard

TO APPLICANT: We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state or federal law. Equal access to employment, services and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

(PLEASE PRINT PLAINLY)

Applicant name: _____ Date: _____

Position(s) applied for or type of work desired: _____

Address: _____

Telephone #: _____ Social Security Number: _____

Type of employment desired: full-time part-time temporary

Date you will be available to start work: _____

Are you able to meet the attendance requirements? yes no

Do you have any objection to working overtime if necessary? yes no

Can you travel if required by this position? yes no

Have you ever been previously employed by our organization? yes no

Can you submit proof of legal employment authorization and identity? yes no

If you are under 18, can you furnish a work permit if it is required? yes no

Have you ever been convicted of a crime in the last 7 years? yes no

If yes, please explain (a conviction will not automatically bar employment): _____

Driver's license number: _____

How were you referred to us? _____

EMPLOYMENT HISTORY

Please provide all employment information for your past four employers starting with the most recent.

Employer: _____ Position held: _____

Address: _____ Telephone #: _____

Immediate supervisor and title: _____

Dates employed from: _____ to: _____ Salary: _____

Job summary: _____

Reason for leaving: _____

Employer: _____ Position held: _____

Address: _____ Telephone #: _____

Immediate supervisor and title: _____

Dates employed from: _____ to: _____ Salary: _____

Job summary: _____

Reason for leaving: _____

Employer: _____ Position held: _____

Address: _____ Telephone #: _____

Immediate supervisor and title: _____

Dates employed from: _____ to: _____ Salary: _____

Job summary: _____

Reason for leaving: _____

Employer: _____ Position held: _____

Address: _____ Telephone #: _____

Immediate supervisor and title: _____

Dates employed from: _____ to: _____ Salary: _____

Job summary: _____

Reason for leaving: _____

OTHER SKILLS AND QUALIFICATIONS

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications:

EDUCATIONAL HISTORY

List school name and location, years completed, course of study and any degrees earned:

High School: _____

College: _____

Technical Training: _____

Other: _____

REFERENCES

List 3 references' names, telephone numbers and years known (do not include relatives or employers):

Name: _____ Telephone #: _____

Years known: _____

Name: _____ Telephone #: _____

Years known: _____

Name: _____ Telephone #: _____

Years known: _____

I hereby authorize the potential employer to contact, obtain and verify the accuracy of information contained in this application from all previous employers, educational institutions and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the

employer can terminate the relationship at will, with or without cause, at any time so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant signature: _____ Date: _____

SOUTHSIDE FIRE/EMS/SECURITY

Applicant Physical Agility Test

2010-2011

Purpose and Scope: This program is designed to demonstrate an individual's ability to safely perform basic fire department tasks. Different stations (skills and exercises) have been established that will allow an individual to demonstrate his/her ability to carry out basic fire ground and daily activities that he/she may be called upon to do during normal fire department operations at fire or EMS scenes. The test is related directly to fire ground and EMS activities and requires a standard level of physical fitness to pass. This is a timed event, with an 18 minute time limit, with a pass or fails criteria. At 18 minutes the time will stop, if not finished the candidate will be escorted from the testing area.

Stations: There are eight (8) stations to this program, and each station designates the beginning of a new, but related, test. Every station is based on skills and abilities needed to operate safely as a firefighter in and around the fire ground and training activities. The sequence of stations is designed to begin at a rather moderate pace, elevate to become very demanding physically, and then progress easily to the end. This is indicative of how an individual's physical stamina and strength deteriorates on the fire ground.

The Evolution:

1. Starting at station 1, the candidates shall pickup approximately six (6) feet of three (3) inch hose that has been extended one hundred and fifty (150) feet behind cone 1 and drag the hose toward and beyond cone 2 until the first pair of couplings passes cone 1.
2. The candidate shall proceed to station 2 where he/she shall with the assistance of a provided volunteer, properly lift and carry an EMS stretcher bearing one hundred and twenty-five (125) pounds, one hundred (100) feet.
3. The candidate shall proceed to station 3 pickup the ten (10) pound dead head sledge hammer, straddle the sled, and strike the weighted cylinder on the sled a distance of 4 feet (half of the sled distance). The instructor will let you know when you can proceed to station 4.
4. The candidate shall then proceed to station 4 and either physically drag or carry the one hundred and fifty (150) pound dummy twenty-five (25) feet to cone 6, around cone 6, and back to cone 5 returning the dummy to its original position.

5. The candidate shall then proceed to station 5 and don the provided Self Contained Breathing Apparatus/without the mask (*the instructor will assist in making sure it is properly worn, you must wear this the entire time at station 7*). You will then proceed to climb the stairs touching each step to the top of the landing, both feet stepping on top of the landing, then turn around and proceed back down to the ground touching each step. No taking steps 2 or 3 at a time. This is one stair rotation and you will need to complete a total of fifteen (15) of these rotations at station 5. The instructor will count rotations, you may use hand rails if you like, but you may not slide down hand rails. After the tenth rotation, you will be instructed to stop and sitting or standing will grasp the provided rope and in a hand over hand style shall pull the 125 pound sled 50 feet to the staircase. The candidate will then grab the high-rise hose pack provided (without help) and proceed back up the staircase to complete the last five stair rotations. After station 5 is complete, the candidate shall remove the high rise pack and the SCBA with instructor assistance.

7. The candidate shall then proceed to station 6 where he/she shall completely open the hydrant valve and flow water from one (1) of the two and one-half (2 ½) inch openings then completely shut it down.

8. The candidate shall proceed to station 7 where he/she will straight roll (*end to end*) three (3) lengths of 2 ½" or 3" hose. After completing the straight rolls, the clock will stop when the candidate touches the finish line cone. The candidate shall proceed to station 8.

9. At station 8, the candidate shall receive hydration, blood pressure, and pulse check. All times shall be recorded. Do not leave until lead instructor releases you.

Some considerations:

Don't ask what your time is for the event after you are done. *We do not give times out to anyone*. Each candidate should strive to do their best (knowing each other candidate's times can influence the results of the test). All candidates are required to stay until all participants are finished.

DURING THE EVENT, RUNNING IS NOT ALLOWED!!!

Authorization for File Disclosure

I hereby authorize _____ to obtain a consumer credit report and/or investigation report on myself consisting of, but not limited to, employment verification, motor vehicle records, criminal scan, bad check and driver's license verification, academic verification, Worker's Compensation Information and drug testing for the purpose of employment with the above mentioned company. I understand that such information may be derived in whole or in part from Experian, Equifax, Quest Diagnostics, American Driving Records, Contemporary Information Corporation and/or other sources.

Signature

Date

Full Name (please print)

Home Address

City, State, Zip

Social Security Number

Driver's License Number

Date of Birth

IMPORTANT NOTICE TO CIC SUBSCRIBER

In accordance with the Fair Credit Reporting Act, the Fair and Accurate Credit Transactions Act and other state and federal laws, this signed form is to be kept on file by CIC client (subscriber) for no less than six years. CIC may request that subscriber supply a copy of the consumer signed Authorization for File Disclosure or application for rental, credit, or employment anytime within that six year period. Failure to comply may result in termination of subscriber's account as well as any criminal or civil penalties that may apply under current law.



Chatham County Sheriff's Department
CHRI Release/Waiver

By my signature below, I hereby request, authorize and direct Sheriff Al St. Lawrence or his appointed designee and the Chatham County Sheriff's Department to perform a Georgia background investigation which includes, but may not be limited to an electronic background search of G.C.I.C. and local records.

Furthermore, I authorize and direct that any information or records which are produced or discovered as a result of this background investigation are to be released and transmitted to the persons identified below for whatever purpose they require.

In making this release authorization, I agree TO HOLD HARMLESS, SHERIFF AL ST LAWRENCE, AND ALL EMPLOYEES OF THE CHATHAM COUNTY SHERIFF'S DEPARTMENT, AND CHATHAM COUNTY GOVERNMENT, FROM ANY CIVIL LIABILITY OF ANY KIND OR DESCRIPTION.

PLEASE PRINT CLEARLY

SUBJECT INFORMATION

Form with fields for Last Name, First, Middle, Maiden, Address, City, State, Zip, Phone#, Race, Sex, Birth Date, Eyes, Hair, SSN, Height, Weight, State/Place of Birth.

[] WILL PICK UP

[] PLEASE MAIL

RELEASE TO: (COMPLETE THIS SECTION IF YOU WANT YOUR BACKGROUND TO BE RELEASED OR MAILED TO SOMEONE OTHER THAN YOURSELF)

NAME: COMPANY:

MAILING ADDRESS:

SPECIAL EMPLOYMENT PROVISIONS (CHECK IF APPLICABLE)

- [] EMPLOYMENT/VOLUNTEER WITH CHILDREN (W) [] EMPLOYMENT /VOLUNTEER WITH ELDER CARE (N)
[] EMPLOYMENT/VOLUNTEER WITH MENTALLY DISABLED (M)

BACKGROUND PURPOSES

- [] ADOPTION (E) [] FOSTER CARE (W)
[] PERSONAL RECORD INSPECTION [] OTHER

AUTHORIZATION

Prior to signing this request authorization, I have fully read and understand the provision of this writing. My request is freely made without fear of punishment or promise of reward, and with full and complete understanding of the consequences of my action.

Legal Signature Date Witness

CCSO DEPARTMENT RESPONSE

- [] No GCIC Record [] No Local Record
[] Records Found, Attached [] Fingerprints needed for positive Identification

Chatham County Sheriff Department Official

Date

Required Documents

The highlighted items must be turned in with the application. Applications that are missing documentation will not be given consideration. If you are a certified Firefighter, EMT or Paramedic, your certifications must be included with your application.

A signed copy (by you) of Authorization for File Disclosure	<input type="checkbox"/>
A signed (by you) copy of Sheriff's Release/Waiver	<input type="checkbox"/>
Copy of driver's license	<input type="checkbox"/>
Copy of birth certificate	<input type="checkbox"/>
Copy of HS Diploma/GED/or College Transcripts	<input type="checkbox"/>
Background check from Sheriff's Department	<input type="checkbox"/>
Doctor's signature in Certification Packet	<input type="checkbox"/>
CPR card	<input type="checkbox"/>
NREMT card	<input type="checkbox"/>
Georgia card	<input type="checkbox"/>
ACLS card	<input type="checkbox"/>
Georgia Fire Certifications	<input type="checkbox"/>
NPO Certifications	<input type="checkbox"/>
Miscellaneous Certifications	<input type="checkbox"/>
Documented Fire and/or EMS training	<input type="checkbox"/>