



# Application For Employment



## Personal Information

Name

Address	City	State	Zip
---------	------	-------	-----

Phone number	Email address
--------------	---------------

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"/>
---	--

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
-------------------------------	----------------------	-------------

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

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

## **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**  
**111 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 <sup>st</sup> Attempt - Time: _____	Blood Pressure _____ / _____	Heart Rate _____
Beginning Vitals: 2 <sup>nd</sup> Attempt - Time: _____	Blood Pressure _____ / _____	Heart Rate _____
Beginning Vitals: 3 <sup>rd</sup> 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