



City of Pooler Fire-Rescue

1093 S. Rogers Street, Pooler, Georgia 31322

(912) 748-7012

poolerfirerescuerecruiting@gmail.com

PLEASE READ THE FOLLOWING BEFORE COMPLETING APPLICATION

A resume may accompany the application; however, consideration for a position is based on the information submitted on this form, along with any supplementary materials specified on the job announcement. All materials must be received no later than the closing date specified. Documentation submitted becomes the property of the City of Pooler and will not be returned. We do not accept faxed applications.

You are required to submit copies of your birth certificate, HS diploma or equivalent and a 7 year MVR from the department of driver services with this application

First Name	Middle Name	Last Name	SSN (Last 4 digits)
Other Names (List any other names used if different from above)			Phone Number
Current Address	(Number/Street/City/State/ZipCode)		Alternate Number

E-mail Address: _____ Email notifications?

Are you authorized to work in the United States? YES NO

Please provide the Date of the Posting and Job Title for the position for which you wish to apply:

Announcement Date Job Title:

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Date you can start: _____ REFERRED BY: _____

EDUCATION

High School Name:			City/State	Graduated: <input type="checkbox"/> YES <input type="checkbox"/> Diploma <input type="checkbox"/> GED
				<input type="checkbox"/> NO Last Grade Completed:
Advanced Studies (Technical School, College, University Etc.):			City/State	Type of Diploma /Degree /Certificate & Year Completed:
Major:		Minor:		Undergraduate Hours:
Graduate Studies:			Graduate Hours:	*Transcripts may be required.

The City of Pooler is an Equal Employment Opportunity (EEO) employer and does not discriminate on the basis of race, color, national origin, religion, gender, age, veteran status, sex, marital status or disability (in compliance with the Americans with Disabilities Act) with respect to employment opportunities. The City of Pooler is an at-will employer. We Comply With The Drug Free Workplace Guidelines

GENERAL DATA

Answer items 1 through 6 by placing an "X" in the proper column.			YES	NO
1. Are you presently working for or have you previously worked for the City of Pooler? If yes, please list date and department.				
2. Do you or your spouse have any relatives presently working for the City of Pooler? If yes, please list the name(s), relationship and the department in which employed.				
3. Have you recently applied for another position within the City of Pooler? If yes, please list date and job title.				
4. Are you licensed to operate a motor vehicle? If Yes, Driver's License No. _____ State: _____ Class: _____ Expiration Date: _____ If No, Identification No. _____ D.L. Endorsement, if any: _____				
5. Are you willing to work the hours assigned?				
6. Have you ever been convicted of a felony? If YES, please use the space below to briefly describe the nature of the crime(s), the date and place of conviction and the legal disposition of the Case. The City of Pooler will not deny employment to any applicant solely because the person has been convicted of a crime. The City of Pooler, however, may consider the nature, date and circumstances of the offense as well as whether the offense is relevant to the duties of the position applied for.				
7. Other language(s) fluently Spoken: _____			Read: _____ Write: _____	
8. Machine and Equipment skills:	9. Computer:	10. PC software applications:		
11. Special qualifications and skills: (Use this space to indicate any, skills, licenses, or certifications, etc.; which in your opinion would qualify you for the Position you seek.)				

EMPLOYMENT HISTORY

Employer:		Job Title:		
Address: (Number/Street/City/State/Zip Code)		Supervisor's Name & Title:		
From: (Month/Year)	To: (Month/Year)	Final Salary:	No. Of Persons Supervised:	Full Time <input type="checkbox"/>
Reason For Leaving:		May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		Part Time <input type="checkbox"/>
		Phone Number:		Temporary <input type="checkbox"/>
Duties:				

Employer:		Job Title:		
Address: (Number/Street/City/State/Zip Code)		Supervisor's Name & Title:		
From: (Month/Year)	To: (Month/Year)	Final Salary:	No. Of Persons Supervised:	Full Time <input type="checkbox"/>
Reason For Leaving:		May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		Part Time <input type="checkbox"/>
		Phone Number:		Temporary <input type="checkbox"/>
Duties:				

Employer:		Job Title:		
Address: (Number/Street/City/State/Zip Code)		Supervisor's Name & Title:		
From: (Month/Year)	To: (Month/Year)	Final Salary:	No. Of Persons Supervised:	Full Time <input type="checkbox"/>
Reason For Leaving:		May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		Part Time <input type="checkbox"/>
		Phone Number:		Temporary <input type="checkbox"/>
Duties:				

REFERENCES

List three persons other than relatives who have definite knowledge of your qualifications.

Full Name	Home or Business Address (Number/Street/City/State/Zip Code)	Phone Number	Business or Occupation	Years Acquainted

By submitting and signing this application, I authorize and request any public or private business or other employer for whom I have worked or been employed, or with whom I have sought employment, to supply the City of Pooler with any and all records pertaining to me that have been kept in the usual course of business. The information obtained may be used by the City of Pooler in making decisions with regard to my employment. I authorize investigation of all statements contained in this application. I certify that there are no willful misrepresentations, omissions or falsifications in the foregoing statements and answers to questions. I am aware that should an investigation disclose any misrepresentation, omission or falsification, my application may be rejected, or if already employed, my employment may be terminated. References and previous employers will be contacted to confirm statements unless otherwise indicated. I also understand that if offered employment by the City of Pooler, I will be required to pass a drug test as a condition of employment.

APPLICATIONS WILL NOT BE CONSIDERED UNLESS SIGNED & DATED AND ALL QUESTIONS ARE ANSWERED.

DATE: _____ **APPLICANT'S SIGNATURE:** _____



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ACKNOWLEDGEMENT OF AT WILL EMPLOYMENT

I hereby acknowledge that my employment relationship with the City of Pooler is strictly one of AT WILL employment. I understand that I may end the employment relationship at any time and for any reason not prohibited by law, and my employer may do the same. I understand that my AT WILL employment status may not be changed except by express written contract approved by the City of Pooler.

Employee/Applicant signature:

Date:



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AUTHORIZATION TO RELEASE INFORMATION

I have applied to the City of Pooler, for employment. Part of the employment process is an investigation and verification of information I provide or will provide on my application for employment and in occasional reports during my employment with the City of Pooler.

I do hereby authorize a review of and full disclosure of all records concerning me to the City of Pooler. The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; employment records; financial statements and records wherever filed; medical and psychiatric treatment and/or consultation including hospitals, clinics and private practitioners, and employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me whether representing me or another person in any case either criminal or civil, in which I presently have or have not had an interest; criminal history record information which may be in the files of the State of Georgia or local criminal justice agency and/or any other information contained in your files relevant to my employment with the City of Pooler.

I hereby fully and finally release and discharge the City of Pooler, and its officials, employees and agents from any and all liability for acts and omissions taken pursuant to this authorization. I similarly release all persons, corporations, and other entities who release any information or documents pursuant to this authorization. I represent and warrant that I will not, directly or indirectly, seek disclosure of information obtained pursuant to this authorization either to me or to anyone else. I also understand that this executed document may be used in any process of promotion, transfer or demotion to a position for which I have applied. I have carefully read and fully understand the contents of this authorization and I execute it voluntarily as my own free act and deed.

Full Name <i>(printed or typed)</i>	Date:
Street Address <i>(City, State, Zip)</i>	
Social Security Number:	Signature:

Notary Public *(must be notarized)*

• This authorization is valid for 60 days or until application is invalidated. To be completed by Human Resources:

Date of Birth:	Race:	Sex:	Purpose Code:
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NOTICE TO JOB APPLICANTS CITY OF POOLER DRUG SCREENING POLICY

The City of Pooler has a strong commitment to its employees to provide a safe work environment and to promote high standards of employee health. The City of Pooler also has a strong commitment to provide high quality public service. Consistent with the spirit and intent of these commitments, the City of Pooler has determined that there is a compelling need for a policy on drug use, which includes chemical testing for recent use of controlled substances.

Upon an offer of employment by the City of Pooler and prior to final appointment, job applicants will be asked to consent to a controlled substance screening test. If the initial screening test indicates that the applicant has recently used controlled substances, the applicant will be notified of the test results.

Before a test is administered, applicants will be asked to sign a consent form authorizing the test and permitting release of test results to those city officials with a need to know.

If an applicant refuses to consent to a test, or if testing indicates use of controlled substances, the offer of employment will be retracted, and the applicant may be denied employment with the City of Pooler. Applicants will be informed if they are rejected on the basis of test results.

All information from an applicant's drug evaluation is confidential to the extent permitted by law, and only those with a need to know are to be informed of test results. Disclosure of such information to any other person, agency, or organization is prohibited unless required by law or a written authorization is obtained from the applicant.

SIGNATURE

DATE

Employment Data Record

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information, please note that all Data Records are kept in a confidential file and are not part of your employment application or personnel file.

Please note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

VOLUNTARY SURVEY

Government agencies at times require periodic reports on the sex, ethnicity, disabled veteran and other protected status of employees. This data is for statistical analysis.

Name:		Date:
Address:		
City:	State:	Zip:
Social Security No.		

Complete Only The Sections Below That Apply

Gender: Male Female

Age:

Check One of the Following: (Ethnic Origin): NOTE: Any choice other than Hispanic/Latino means Not Hispanic/Latino

White Black/African American Hispanic/Latino American Indian/Alaskan Native

Asian Native Hawaiian/Pacific Islander Two or more races

Check If Any of the Following are Applicable: Vietnam Era Veteran Disabled Veteran Person with Disability



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I, _____ understand that as a condition of my at will employment with the City of Pooler, the following requirements must be met:

1. be at least 18 years of age (certified copy of birth certificate); COPY OF BIRTH CERTIFICATE MUST BE SUBMITTED WITH APPLICATION PACKET
2. not have been convicted of a felony;
3. of good moral character as determined by investigation;
4. good physical condition as determined by a medical examination;
5. meet minimum physical fitness requirements;
6. copy of high school diploma or general education development certificate MUST BE SUBMITTED WITH APPLICATION PACKET
7. have an oral interview with the hiring authority and/or representatives;
8. possession of a valid driver's license; COPY OF DRIVERS LICENSE AND CURRENT 7 YEAR MOTOR VEHICLE REPORT MUST BE SUBMITTED WITH APPLICATION PACKET
9. complete certification required by Georgia Firefighter Standards and Training Council within 12 months of employment and maintained annually thereafter.* as determined by G.C.I.C. and N.C.I.C. processing

I acknowledge by my signature that I have been given a copy of this statement, understand its contents, and also understand that failure to complete any portion of these conditions will result in my being disqualified for employment.

Signature of Applicant

Date

PERSONAL HISTORY RELEASE

I do hereby authorize the review of and full disclosure of all records concerning myself to the duly authorized agent of the Georgia Firefighter Standard and Training Council. The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institution, medical treatment and/or consultation including hospitals, clinics, private practitioners, and the U. S. Veterans Administration, employment and pre-employment records including background reports.

I understand that any information obtained by a personal background investigation, which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in compiling any report for the Georgia Firefighter Standards and Training Council. I certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability, which may be incurred as a result of furnishing such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

_____	_____
Print Name	Date
_____	_____
Signature	Phone Number
_____	_____
Address	Social Security Number
_____	_____
City, State & Zip	Date of Birth
_____	_____
Notary Public	Date

I understand that this information may be obtained through the use of this waiver at any time during which my registration or certification is maintained through the Georgia Firefighter Standards and Training Council.

GENERAL QUESTIONS

As part of the selection process applicants will be required to participate in an oral Officer's panel Interview, a thorough background investigation, Chief's and human resources interview, psychological investigation, and a thorough medical examination including drug test.

Do you have any objection to participating in any phase of the firefighter selection process? Yes____ No____

Do you have any objection to wearing a uniform or regulations pertaining to such? Yes_____ No_____

Firefighters are required to work 24 hour shift assignments including weekends and holidays. During those shifts, firefighters are stationed out of the city's fire stations based on the needs of the department. Do you have any objections to this requirement? Yes____ No_____

CERTIFICATION IDENTIFICATION

(Check the box next to any below listed certification you currently hold)

Currently Certified: National Registry EMT Basic Advanced Paramedic

<https://www.nremt.org/nremt/about/checkEmtStatus.asp>

State of Georgia EMT Basic Intermediate Paramedic

<https://www.mygemsis.org/lms/public/portal#/lookup>

First Responder

Currently Certified: State of Georgia Firefighter Certification # _____

<http://www.gfstconline.org/index.php/records-access>

Currently Certified: NPQ Firefighter I II

<https://certificationsearch.theproboard.org/>

If you are unsure of your certifications follow the above web links to check your certifications.

Include 3 copies of any of the above listed Certifications with this completed packet.

MILITARY

Have you ever served in a military or naval organization of the United States; to include the United States Reserves, National Guard, or the Coast Guard? Yes____ No____

If yes, indicate Branch of Service: _____

From: _____ To:_____ Rank Held: _____

From: _____ To:_____ Rank Held: _____

Type of Discharge: _____

SUBSTANCE USE

Have you ever been absent or late to work because of illegal drugs? Yes____ No____

If yes, indicate which job and describe the circumstances: _____

Do you or have you ever consumed illegal drugs during working hours? Yes____ No____

If yes, indicate which job and describe the circumstances: _____

Have you ever sold or delivered illegal drugs? Yes ____ No ____

If yes, when and what where the circumstances: _____

SUBSTANCE USE (continued)

Have you ever used any other illegal drugs other than marijuana? Yes____ No____

If yes, when and what where the circumstances:

CRIMINAL HISTORY

Have you ever been convicted of a criminal offense? Yes____ No____

If yes, indicate date of conviction, offense, whether misdemeanor or felony, and court disposition _____

FINANCIAL BACKGROUND

Do you currently have past due child support obligations? Yes____ No____

Do you currently have any civil actions against you (garnishments, liens, etc.)? Yes____ No____

If yes, give details: _____

Unless you are told to proceed with being fingerprinted and getting your MVR at the time you complete receive this application DO NOT get them until prompted to, they are only valid for 60 days. You will be notified when to proceed with the two tasks.

FINGERPRINTED

In order to get your fingerprints done you must go to <https://cogentid.3m.com/> and register prior to going to an approved facility. Once on the website you will select, Georgia GAPS, then Applicant Registration, then City/County Government and Law Enforcement Agencies, and then Firefighter. Once you have read and accepted the terms you will be prompted to the registration page. The Reviewing Agency ID number is ORI# GA922530Z. Complete all highlighted areas and submit.

Once you have completed the on line registration and paid the application fees, you can go to an approved facility to have your fingerprints electronically scanned.

Boys & Girls Club of Bulloch County - Statesboro, GA

The UPS Store #4719 - Savannah, GA

Start Smart Learning Center - Rincon, GA

Note: Most UPS stores can electronically scan fingerprints through Gemalto Cogent Applicant Fingerprint Services. Just be sure to call and confirm before going to the facility.

Have you ever been fingerprinted? If so, indicate below:

Agency: _____ Date: _____ Purpose: _____

Agency: _____ Date: _____ Purpose: _____

Agency: _____ Date: _____ Purpose: _____

DRIVING HISTORY

Do you possess a valid Georgia Driver's License? Yes_____ No_____

Have you had a driver's license in any state other than Georgia in the past 3 years? Yes_____ No_____

If yes, where: _____

Have you ever been convicted of operating a motor vehicle or driving under the influence of drugs or alcohol?

Yes_____ No_____

AFFIDAVIT

STATE OF GEORGIA

COUNTY OF CHATHAM

Now comes, first being duly sworn, who states: I do hereby certify that all answers and subsequent statements made in this questionnaire by me are true, accurate and complete. I further understand that any misstatements or misrepresentation of material facts may subject me to disqualification for consideration and/or dismissal from employment from the City of Pooler. Additionally, I am aware that any false statements in this document made by me for employment purposes may constitute a violation of the code of ordinances of the City of Pooler and violation of State Law. Finally, I will affirm and agree to hold harmless the City of Pooler from any liability of damage or injury as a result of any physical testing in the recruitment-hiring process.

Full Name (Print)

Date of Birth

Signature (Including Maiden Name)

Social Security Number

Date

Home Address

City

State

Zip

Sworn to and subscribed before me this

_____ day of _____, 20_____.

NOTARY PUBLIC

Date

The following documents must be included with the application package.

- Application packages with incomplete or missing documents will not be processed.
- A COMPLETED APPLICATION
- 3 COPIES OF HIGH SCHOOL DIPLOMA or CERTIFIED HIGH SCHOOL TRANSCRIPTS or GED CERTIFICATE
- A COPY OF CERTIFIED COLLEGE TRANSCRIPTS (If applicable, showing date of graduation)
- 3 COLOR COPIES OF U.S. DRIVER'S LICENSE
- A CURRENT COPY OF YOUR 7 YEAR DRIVER'S RECORD - (Not over 60 days old)
- 3 COPIES OF MILITARY DISCHARGE (Form DD-214, Member 4)- (Veterans only)
- 3 COPIES OF YOUR BIRTH CERTIFICATE (From the Bureau of Vital Statistics)
- 3 COPIES OF NATURALIZATION CERTIFICATE (If you are a naturalized U.S. Citizen)
- 3 COPIES OF YOUR SOCIAL SECURITY CARD- (Must be signed)
- 3 COPIES OF YOUR FIREFIGHTER CERTIFICATION
- 3 COPIES OF YOUR 1ST RESPONDER, EMT or PARAMEDIC CERTIFICATION

NAME CHANGE DOCUMENTS (i.e. Marriage license, court order, etc.)

APPLICATIONS CAN BE MAILED OR E-MAILED TO THE FOLLOWING

Lt. Joshua Daniels
Recruiting Officer

Pooler Fire-Rescue
1093 S. Rogers Street
Pooler, Ga. 31322
(912) 429-4685



poolerfirerescuerecruiting@gmail.com



WHAT TO EXPECT DURING THE PHYSICAL AGILITY ASSESSMENT

THERE ARE 3 STEPS TO THE ASSESSMENT
THAT ARE A PASS TO ADVANCE TO THE
NEXT STEP. YOU MUST PASS EACH STEP IN
NUMERICAL ORDER TO ADVANCE TO THE
NEXT.

ADDRESS FOR THE ASSESSMENT

POOLER FIRE-RESCUE STATION 2
912 POOLER PARKWAY
POOLER, GA. 31322

PHYSICAL AGILITY

STEP 1

LADDER CLIMB

The candidate will ascend and descend a 100' fixed ladder from an apparatus at a sixty-five-degree angle. He/she will don a safety harness at all times with an attached safety line and each rung must be touched during the ascension and descension.

PASS/FAIL CRITERIA

The removal of any personal protective clothing or equipment at any time during the exercise will result in a failing score. If the total climbing time (ascension & descension) exceeds ten minutes or if the candidate remains stationary on any rung longer than thirty seconds it will result in a failing score. Should the candidate fail the ladder climb he/she will not proceed to any other exercises and will not be consider for employment.

CLOTHING AND PPE

Typical gym attire to include sweat pants, shirt, and proper footwear is acceptable. In addition to the candidates personal clothing a class III harness with a helmet and leather gloves will be provided and required. No headphones are allowed.

PHYSICAL AGILITY

STEP 2

ONE MILE RUN

The candidate will run one mile on a flat concrete sidewalk with minimal change in elevation. The run will start in front of Station Two and continue parallel with Pooler Parkway for half a mile. At the half mile point the candidate will go around a marker and return to their initial starting point.

PASS/FAIL CRITERIA

The run shall not exceed 12 minutes or the candidate will receive a failing score. Removal of provided personal protective equipment or clothing will result in a failing score. Any deviation from or attempt to shorten the course will be regarded as cheating and the candidate will not be considered for employment.

CLOTHING AND PPE

Typical gym attire to include shorts, shirt, and proper footwear is acceptable. A reflective safety vest will be provided and worn at all times. No headphones are allowed.

PHYSICAL AGILITY

STEP 3

The following components constitute the Pooler Fire Rescue Physical Agility Test that is currently approved by the Georgia Firefighter's Standards Training Council:

Task 1: Ladder Removal and Placement:

With a roof ladder mounted on the stands the firefighter will remove the ladder and without letting it touch the ground place it butt down leaning against the station. The firefighter gets one warning if the ladder touches the ground and second warning constitutes failure. (The first warning also applies to the second carrying of the ladder.)

Task 2: High Rise Pack Carry/Stair Climb:

Firefighter will pick up a simulated high-rise pack and climb the stairs to the landing and back down, making sure to touch every step on the way up and down and making sure both feet touch the floor at the bottom and the landing at the top. This will be repeated twice more with a total rep range of 3. (There will be 1 warning given for missing a step another warning constitutes failure.)

Task 3: Forcible Entry Simulator:

Firefighter will pick up sledge hammer and strike the tire until it moves a total of 12". The test evaluator will determine when the firefighter needs to stop and no one else.

Task 4: Roof Ventilation Simulator:

Firefighter will pick up a sledge hammer and making sure the hammer travels higher than the shoulder while in a standing position will strike the tire in a downward motion 20 times to simulate the ventilation of a roof.

Task 5: Ladder Raise:

Firefighter will grab the halyard to the extension ladder bolted to the container and using a hand over hand pulling technique raise the fly section three times till it

stops at the top. There will be no long one-armed pulls tolerated; there will be one warning given the second warning will result in failure. The firefighter will also not be able to use their bodyweight to get the section started; this also will result in one warning the second resulting in failure.

Task 6: Charged Hose-Line Drag:

Firefighter will grab the nozzle attached to 150' of 1 ¾" hose and extend 100'. The test evaluator will determine when the firefighter stops the hose and no one else.

Task 7: Victim Rescue:

Firefighter will grab the rescue dummy and making sure that the torso is off the ground carry the dummy 50' to the cone and back 50' to the starting cone. No extremity drags are allowed, the firefighter will only be allowed to stop twice to rest or readjust. At any point if the firefighter stops forward momentum for longer than 15 seconds that is considered a failure.

Task 8: High Rise Pack Carry/Stair Climb:

Firefighter will grab the simulated high-rise pack and carry it up to the landing and back down touching every step up and every step down two times. The firefighter will make sure to touch both feet to the landing at the top and the floor at the bottom. 1 warning will be given if a step is missed another warning constitutes failure.

Task 9: Ladder Placement:

The firefighter will remove the ladder from the side of the building and replace it on the stands. Remember that if a warning was given the first time the ladder was carried another warning will constitute in failure.

When the final task is completed the firefighter will walk back to the starting line and time will stop. The test must be completed within 9 minutes or less. Any failure at any station constitutes failure for the entire test.

The following uniform guidelines will be following when administering the test to New Hire personnel:

Running/Tennis shoes

Sweats or shorts that are in good taste and not revealing in any form or fashion

T-Shirt with sleeves

Helmet (supplied by department)

Gloves (supplied by department)

Safety concerns are paramount; the Wellness Coordinator has completed a preliminary Risk Assessment to communicate the following disqualification factors:

Any New Hire, Recruit, about to perform the PAT will not be allowed to test if:

Blood Pressure is higher than 140/90 (both numbers)

Pulse is over 100