

WAHPETON FIRE DEPARTMENT APPLICATION INSTRUCTION SHEET

- COMPLETE ALL SECTIONS OF THE FORM TO MAKE IT LEGIBLE FOR CONSIDERATION
- PRINT THE APPLICATION
- MAKE SURE TO HAVE DOCTOR SIGN THE MEDICAL APPROVAL
- HAVE EMPLOYER READ AND SIGN THE JOB DESCRIPTION/DUTIES FOR MEMBERS PAGE
- MAKE SURE APPLICANT, DOCTOR, AND EMPLOYER SIGNATURES ARE ALL IN PLACE PRIOR TO MAILING FORMS
- MAIL COMPLETED FORMS TO:

WAHPETON FIRE DEPARTMENT ATTN: PERSONNEL COMMITTEE 204 SOUTH 5TH STREET WAHPETON, ND 58075





Wahpeton Fire Department Member Application

(Please print clearly)

In connection with my application for employment with the Wahpeton Fire Department, I understand that investigative background inquires are to be made of myself. When applicable, I understand that you will be requesting information from various federal, state and other agencies which maintain records concerning my past activities relating to my current driving record, criminal history, job or dates of employment, job related knowledge and skills, job performance, attendance records, disciplinary action and character, reference checks, and other experiences, as well as annual audits that may be performed on any of the above reports.

| Last Name | First Name | Middle Name |
|--|---|--|
| Social Security Number | | Birth Date |
| Drivers License Number | | State of Issuance |
| Address | | |
| City | Zip Code | County |
| Cell Phone | Home Phone | Work Phone |
| information to the City of V disclosures, I hereby agree any and all causes of actio further release the City of V Wahpeton Fire Departmen | servations, any party or agency contacted Vahpeton, North Dakota, Fire Department. e to release any person, company, govern on that otherwise might arise from supplyin Wahpeton, its officers, employees, and agot, both in their official and personal capacithe use or disclosure of such information. | . With regard to the following amental agency or other entity from agency or other entity from the information it may request. I gents, including members of the |
| Signature of applicant | | Date |





JOB DESCRIPTION/DUTIES OF THE WAHPETON FIRE DEPARTMENT

The following statements are intended to describe the general nature and level of work being performed by the person assigned this classification. They are not to be construed as a complete listing of all duties required for the position. Other duties may arise and be deemed necessary as assigned by the Chief or other higher ranking officers.

Meetings are held on the last Monday of every month unless a conflict should require a date change. If a date change is needed it will be announced prior to the change. Fire schools are held the second Tuesday of every month unless otherwise posted. You are expected to attend monthly meetings and a minimum of 75% of schools as they are scheduled far enough in advance to make arrangements. There are also some additional fire schools and special duties that you are also expected to participate in.

Fire Calls are never anticipated. You are expected to safely show up at your assigned fire station when the pager is toned out. We are on call 24 hours a day for emergencies that are called into the Richland County Communications Center for the City of Wahpeton. When the pager is toned, someone is requesting our assistance.

If you are going to be out of town for any length of time (more than 24 hours) please give us the courtesy of signing out on the phone app which you will be given when application is approved. This will give officers an idea of how many firefighters are in town.

Upon joining the fire department you are issued personal turnout gear to use when you are at a fire scene and/or training, a dress uniform, pager, and key. You are expected to care for it as it was your own. You are also given a truck assignment and duty assignments yearly by officers. You are expected to take care of the truck and equipment on the truck as the truck captain asks and actively participate on your duty assignments.

You are required to complete and pass within your probationary year. *Fire Fighter 1, First Aid/CPR, Hazmat, NIMS 100,200,700, Auto Extrication, and Courage to Be Safe.* These courses will be offered by the WFD and/or other local fire departments.

If you have any questions please write them down and bring them to your interview with the personnel committee.

Please have your employer read this to better understand the duties of a volunteer fire fighter with the Wahpeton Fire Department.

My signature below indicates that I understand the duties of the Wahpeton Volunteer Firefighter and for the betterment of the community.

| Applicant Signature | Date |
|---------------------|------|
| Employer Signature | Date |





Education and Training

| Please list any firefighting training/education you have received: | | | | | | |
|--|-------------------------------------|-------|--|--|--|--|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Employment History | | | | | | |
| Present Employer: | resent Employer: Supervisor's Name: | | | | | |
| Address: | ess: Phone: | | | | | |
| Job Title: | b Title: Date Employed: | | | | | |
| Total Years Employed: | otal Years Employed: Working Hours: | | | | | |
| Job duties: | | | | | | |
| Does business take you out of town | : Yes No | | | | | |
| May we contact your employer: Yes | s No | | | | | |
| | | | | | | |
| | References | | | | | |
| References may not be family or a member of the Wahpeton Fire Department | | | | | | |
| Name | Address | Phone | | | | |
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Wahpeton Fire Department Medical Release Form

Essential physical functions for Wahpeton Fire Department

| | | Ability to put on full PPE within a period not to | | Drag a victim weighing more than 150lbs out |
|---|--------|--|-----|---|
| | 1 | exceed 90 seconds. | 7 | of a building unassisted while wearing full |
| L | | | | PPE & SCBA. |
| | | Enter and crawl on hands and knees through | | While on an aerial ladder, maintain balance |
| | 2 | zero-visibility buildings/rooms with fully | 8 | and secure position while directing water |
| | | charged hose in hand wearing full Firefighting | | through a charged hose line. |
| | | PPE and SCBA. | | |
| | З | Drag charged 2 ½ inch hose weighing 75lbs | 9 | Ability to feel changes in temperature in zero- |
| | | 25 feet unassisted. | | visibility conditions. |
| Ī | | Using heavy hand tools (axe, TNT tool, ect.) | | Carry 150 foot hose bundle (high rise pack) |
| | 4 | repeatedly strike solid surfaces (such as door | 10 | weighing 35lbs up 2 flights of stairs while |
| | | jambs) to make forcible entry into structures. | | wearing full PPE & SCBA. |
| Ī | | Wearing full firefighter PPE and using | | Remove a 24 foot extension ladder weighing |
| | | hydraulic tools weighing in excess of 30lbs | | approx 60lbs from the truck unassisted, |
| | 5 | that are prone to multidirectional torque, cut | 11 | position ladder, and raise the halyard. |
| | | posts on an automobile and extricate people | | |
| | | weighing over 150lbs. | | |
| Ī | · | Wearing Full PPE, pull 200 feet of uncharged | | In zero-visibility conditions and wearing full |
| I | 6 | 6 inch hose weighing in excess of 200lbs from | 12 | PPE plus SCBA be able to climb, balance, |
| | | shoulder height off a pumper and drag to a | | stoop, kneel, crouch, crawl, reach, stand, |
| | | hydrant. | | walk, push, pull, lift, grasp, feel, talk, hear |
| _ | NI - 4 | er full firefighting DDC includes turnout east, past | 141 | |

Note: full firefighting PPE includes turnout coat, pants with internal harness and suspenders, boots, gloves, nomex head protection, and helmet. SCBA is self-contained breathing apparatus, which includes a backpack, tank of compressed air, and positive-pressure mask over the entire face. Full PPE & SCBA worn together generally weighs in excess of 75lbs.

| Essential Environmental Conditions/Functions | | | | |
|--|----------|--|--|--|
| Perform in slippery areas Work on or around moving machinery or equipment Work long periods of time with little or no sleep Perform <i>physically</i> and <i>mentally</i> demanding tasks under extreme fluctuations Avoid and protect against infectious agents | in temp. | | | |
| Full Duty without Restrictions Modified duty with restrictions | | | | |
| Please list any restrictions the applicant has | | | | |
| | | | | |
| Physicians Name | | | | |
| Physicians Signature Date: | | | | |
| | | | | |