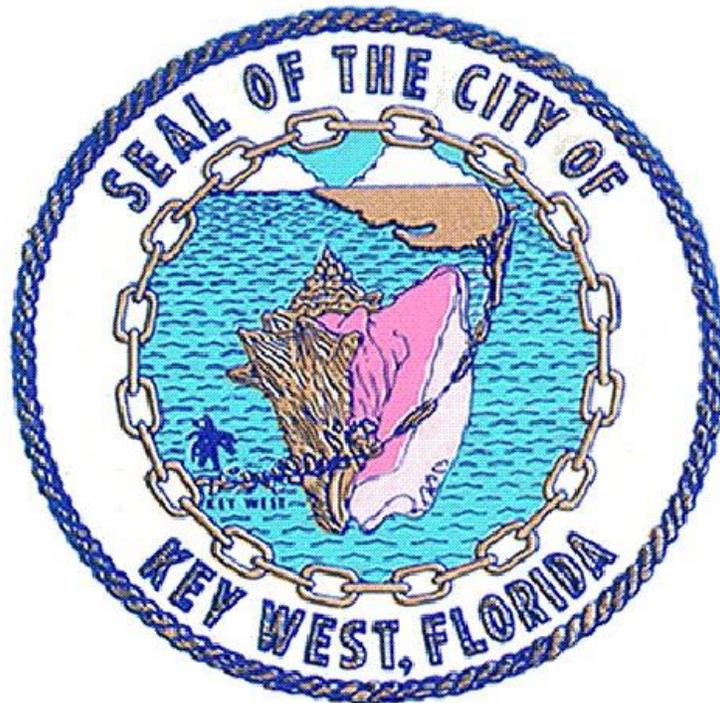


CITY OF KEY WEST

FIRE DEPARTMENT

2016 APPLICATION PACKET





CITY OF KEY WEST

QUALIFICATIONS FOR FIREFIGHTER/EMT

ELIGIBILITY FOR EMPLOYMENT

1. Must be at least 18 years of age.
2. Be a high school graduate or the equivalent. Florida Statute 633.34 (1)
3. Possess and maintain both Firefighter and Emergency Medical Technician Certificates as issued by the State of Florida.
4. Successfully complete the agility test given by the Key West Fire Department. Test must have been completed no more than twelve months prior to application or hire.
5. Possess a valid State of Florida driver's license.
6. Be in good physical and mental health as supported by a licensed physician's medical examination.
7. Be drug free as determined through controlled substance screening as designated by the City.
8. Have been a non-user of tobacco or tobacco products for at least one (1) year and will continue to be a non user of tobacco or tobacco products while either on or off duty. Florida Statute 633.34 (6).
9. Must be of good moral character as determined by background investigation. Florida Statute 633.34(4).
- 10. Must be a resident of Monroe County, Florida**

COPIES OF THE FOLLOWING ITEMS MUST BE SUBMITTED WITH NOTARIZED APPLICATION:

- Birth Certificate
- Social Security Card
- High School Diploma or GED Certificate
- Florida driver's license
- State of Florida Firefighter Certificate
- State of Florida EMT Certificate
- Additional Certifications

TO APPLY:

Applications will be received by the Human Resources Office, 3102 Flagler Ave. Key West, FL applications will only be accepted during an open posting. Preference in appointment will be extended to eligible veterans and, in some instances spouses of eligible veterans. To receive veteran's preference, documentation of status must be submitted at time of application.

**APPLICATION CLOSING DATE
FRIDAY – JANUARY 29, 2016 at 4:30 pm**

CITY OF KEY WEST FIRE DEPARTMENT
APPLICATION PROCESS FOR EMPLOYMENT

- I. All applicants must complete the following steps (not necessarily in this sequence) as part of the pre-employment selection process for FIREFIGHTER position.
- a. Complete notarized City of Key West Fire Department application. Application must be completed thoroughly. All forms included with the application packet, personal inquiry waiver and liability waiver must be notarized.
 - b. Signed job description
 - c. Physical Abilities Test
 - d. Department Interview
 - e. Reference and Background check.

Applicants selected for employment must pass:

- a. Medical examination and Drug Test

- II. All applicants must submit copies of the following documents with the notarized application:

- a. Birth Certificate
- b. Social Security Card
- c. High School Diploma or GED Certificate
- d. Current Florida driver's license
- e. State of Florida Firefighter Certification
- f. State of Florida EMT Certification
- g. Copies of any additional certifications
- h. Notarized original waivers included with application packet.

Failure to provide required documentation or to keep scheduled appointments without prior notice may be sufficient cause to disqualify your application.

**ALL COMPLETED APPLICATION PACKETS MUST BE
RECEIVED IN THE
CITY OF KEY WEST, HUMAN RESOURCES OFFICE, 3102
FLAGLER AVE, KEY WEST, FLORIDA, 33040.**

**APPLICATION CLOSING DATE
FRIDAY – JANUARY 29, 2016 at 4:30 PM**

**CITY OF KEY WEST FIRE DEPARTMENT
PHYSICAL AGILITY TEST**

FIREFIGHTER

The Physical Agility Test is a series of tasks representing what fire fighters do while performing in the line of duty. It is designed to give the Fire Department a valid method of testing the future fire fighter's potential.

Applicants must be fully bunkered while performing these tasks. Applicants with their own gear should bring it with them.

Applicants are required to have a notarized, signed personal injury waiver prior to participating in the physical agility testing. This waiver must be turned in with the application or the agility test will not be scheduled.

TASK #1 LADDER CLIMB

Climb a 75 ft aerial ladder (with safety line attached) and touch the top rung. Time will be from "Go" command until completely down the ladder.

TASK #2 HOSE DRAG

Facing the direction of travel, drag a charged 1 ¾ inch hose line over a wet surface a distance of 100ft not allowing the nozzle to touch the ground. The nozzle will be closed with no water flowing.

TASK #3 HURST TOOL EXERCISE

Hurst tool carried from a table to a vertical board with two holes of the same spacing as the forks on the Hurst tool. The forks will be inserted through the holes and removed. Then, without the Hurst tool touching the ground at any time, it will be returned to the table.

TASK #4 EXTENSION LADDER RAISE

Extend fly section of the ladder to full extension in a controlled manner. In a hand over hand method, without the halyard slipping through hands or losing control, the fly section will be lowered completely. Failure to maintain control immediately disqualifies applicant.

TASK #5 HOSE PULL

Required to move (pull, push, roll or drag) a soft length of 2 ½ inch line capped and filled with water, a distance of 100 feet on the "Go" command to the finish line. Time measured until the front of the hose is to the mark. Run will be on grass.

TASK #6 RESCUE DRAG

Drag or carry a 175 pound dummy 100 feet. The task will be considered completed when any portion of the dummy (excluding outstretched arms) passes across the marked line.

	CITY OF KEY WEST Job Description	UNION, NON-EXEMPT POSITION	
		DATE OF REVISION	12/1/2010
POSITION	FIREFIGHTER	ANNUAL SALARY	Step Plan
DEPARTMENT	FIRE 22-01-522		
JOB CODE	10033	GRADE	F21

PHYSICAL LOCATION:

- Any of the Fire Stations

REPORTING RESPONSIBILITIES:

- Captain or Watch Commander

GENERAL FUNCTIONS:

- This is general firefighting work in combating, extinguishing and preventing fires. Work involves responsibility for the performance of strenuous work of a specialized nature in combating, extinguishing, or preventing fire, often under hazardous conditions. Specific orders and directions are received from a superior officer, but the work requires a knowledge and understanding of firefighting methods and techniques, which is gained by certified training and experience. Difficult and hazardous work is performed under the immediate supervision of a superior officer, but the employee may be called upon to fight minor blazes and small fires without direct supervision.

ESSENTIAL FUNCTIONS (Without Accommodations):

- Able to read, write, speak and understand English well enough to operate in emergency conditions without becoming confused.
- Physically able to perform strenuous work of a specialized nature directed at extinguishing and preventing fire in hazardous conditions.
- Able to use equipment and/or materials as specified in this job description.

EQUIPMENT TO BE USED:

- All firefighting tools and equipment

ENVIRONMENT:

- Inside station and outside in all types of weather conditions.

PHYSICAL REQUIREMENT:

- Standing 40%
- Climbing 10%
- Bending 10%
- Reaching 10%
- Swimming 10%
- Sitting 10%
- Walking 10%

DUTIES/TASKS/JOBS:

- Responds to fire alarms with a fire company; lays out and connects hose; holds nozzle and directs water or foam at the blaze; climbs ladder, uses chemical lines and extinguisher, axes, claw tools, ceiling hooks and other equipment.
- Makes opening in burning building for ventilation and entry; removes persons from burning or danger areas; prevents the spread of fire and protects property from damage by water or other firefighting materials.
- Administers first aid to persons suffering from shock, injury or suffocation, extricates trapped persons.
- Performs routine housekeeping duties at a fire station, such as cleaning walls, windows, and floors; cares for, maintains and tests apparatus and equipment; makes minor repairs to the station and maintains grounds.
- Participates in company drills on such subjects as firefighting methods, equipment operation, first aid and street and hydrant location.
- Performs fire department or fire service related work as required.
- Maintains, throughout employment with City, both Firefighter and Emergency Medical Technical certification.

REQUIRED KNOWLEDGE/ SKILLS/ ABILITIES/ QUALIFICATIONS:

- Able to use firefighting tools and equipment.
- Able to perform under stress in emergency conditions.
- Able to take and follow direct orders
- Able to present a well groomed appearance
- Able to pass physical agility test
- State certified firefighter
- State certified EMT license
- High school or equivalent diploma
- Must possess and maintain a valid Florida's driver's license
- Must be resident of Monroe County, Florida

Periodically Fire related duties, equipment, material, and/or job setting(s), other than those listed, are required to perform this job and will be considered as part of the regular job while in effect.

The listing of tasks is in no way to be considered a complete listing of all possible tasks, nor is the requirement for an ability or skill a guarantee that the ability or skill is going to be used.

_____, have read this job description and hereby agree with the above noted "Acknowledgements", that I meet the requirements and qualifications and if hired, can perform these and related duties as assigned. I further affirm that I understand this job description may be amended in times of emergency, as is the right of the City.

Applicant Signature

Date

**THE CITY OF KEY WEST IS AN
EQUAL OPPORTUNITY AFFIRMATIVE ACTION
VETERANS PREFERENCE EMPLOYER
& A DRUG-FREE WORKPLACE**

**Apply at:
City Hall, Office of Human Resources
3102 Flagler Avenue
Key West, FL 33040**



CITY OF KEY WEST FIRE DEPARTMENT APPLICATION

INSTRUCTIONS: Please print or type all information. The application (and supplemental forms) must be filled out completely and accurately. Answer all questions. If an item does not apply, mark N/A (not applicable). Incomplete applications will not be considered. All statements made on the application are subject to verification. Exaggerated, false or misleading statements may be cause for rejection of the application and/or termination of employment.

APPLICANT INFORMATION:

Last Name: _____ First Name: _____ M.I. _____

Home Phone: () _____ Daytime Phone: () _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: _____

E mail Address: _____

Have you ever worked for the City of Key West? _____ Yes _____ No

If Yes:

Name Used When Employed by City _____

Department Worked In _____

Dates Employed _____

Is any member of your family employed by the City of Key West? _____ Yes _____ No

If Yes: Name _____ Relationship _____ Department _____

Have you ever served in the United States Military? _____ Yes _____ No

If Yes: Branch / Rank _____ Type of Discharge/Date _____

Veterans' Preference (optional): Check the appropriate block if you are claiming veterans' preference.

Documentation substantiating your claim must be furnished at the time of application (Form DD214)

- _____ 1. A veteran with a service connected disability who is eligible for or receiving compensation, disability retirement or pension under public laws administered by the U.S. Veterans' Administration and the Department of Defense.
- _____ 2. The spouse of a veteran who cannot qualify for employment because of a total and permanent disability or the spouse of a veteran missing in action, captured or forcibly detained by a foreign power.

- _____ 3. A veteran of any war who has served on active duty for 181 consecutive days or more or who has served or who has served 180 consecutive days or more since January 1, 1955, and who was honorably discharged from the Armed Forces of the United States of America if any part of such active duty was performed during a wartime era, excluding active duty training.
- _____ 4. The un-remarried widow or widower of a veteran who died of service connected disability.

Have you claimed and been employed using veterans' preference since October 1, 1987? ___ Yes ___ No

If Yes: Name of your employer _____

Are you a resident of Monroe County? ___ Yes ___ No

Are you a citizen of the United States? ___ Yes ___ No

If No: Do you possess valid employment authorization to work in the United States? ___ Yes ___ No

Please indicate the type of employment authorization _____

Note: *If answer is "No" to both, you are ineligible for employment with the City of Key West. The City of Key West hires only U.S. citizens and lawfully authorized alien workers.*

EDUCATIONAL BACKGROUND: Please list all high schools, trade/vocational schools and colleges that you have attended:

High School

Name/Address _____

Received: ___ Diploma ___ GED

College, University, Professional School (transcripts may be required)

Name/Address _____

Major/Minor—Course of Study _____ Did You Graduate? ___ Yes ___ No

Type of Degree Received _____

Name While Attending School (*if different from application*) _____

Additional College, University or Professional School

Name/Address _____

Major/Minor—Course of Study _____ Did You Graduate? ___ Yes ___ No

Type of Degree Received _____

Name While Attending School (*if different from application*) _____

Additional College, University or Professional School

Name/Address _____

Major/Minor—Course of Study _____ Did You Graduate? ___ Yes ___ No

Type of Degree Received _____

Name While Attending School (*if different from application*) _____

EXPERIENCE: Describe your work experience beginning with your current or most recent job. Use a separate block to describe each position. Include military service (indicate rank), college attendance and volunteer work, if applicable. Provide an explanation of any gaps in employment. If needed, attach additional sheet. Please do not indicate see resume—complete all information. You may attach a resume to the application as a supplement.

1. Name of Current or Last Employer _____

Address _____ Telephone _____

Job Title _____ Dates of Employment _____ to _____

Supervisor's Name _____ Title _____

Name While Employed at this Job (if different from application) _____

Duties and Responsibilities _____

Reason for Leaving _____

Rate of Pay _____

2. Name of Employer _____

Address _____ Telephone _____

Job Title _____ Dates of Employment _____ to _____

Supervisor's Name _____ Title _____

Name While Employed at this Job (if different from application) _____

Duties and Responsibilities _____

Reason for Leaving _____

Rate of Pay _____

3. Name of Employer _____

Address _____ Telephone _____

Job Title _____ Dates of Employment _____ to _____

Supervisor's Name _____ Title _____

Name While Employed at this Job (if different from application) _____

Duties and Responsibilities _____

Reason for Leaving _____

Rate of Pay _____

4. Name of Employer _____

Address _____ Telephone _____

Job Title _____ Dates of Employment _____ to _____

Supervisor's Name _____ Title _____

Name While Employed at this Job (if different from application) _____

Duties and Responsibilities _____

Reason for Leaving _____

Rate of Pay _____

PERSONAL CHARACTER BACKGROUND

Have you ever been subject to disciplinary action, involuntarily terminated (fired) from employment or resigned in lieu of termination or resigned pending an investigation? _____ Yes _____ No

If Yes, please describe the circumstances: _____

Have you ever used an illegal drug? _____ Yes _____ No If yes, name the type of drug, number of times used and dates of last use.

Have you ever been convicted, plead nolo contendere, plead guilty or had the adjudication of guilt withheld for any offense(s) other than minor traffic violations? _____ Yes _____ No

If Yes: What charges? _____

County/State _____ Date _____

Please read the following information carefully.

1. The information that I have provided on this application and supporting documents is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume, or any other materials, or during interviews, can be justification for refusal of employment or, if employed, termination from the City.
2. I have read and understand the job description for the position that this application pertains to and hereby certify that I am able to fulfill all of the job qualifications.
3. Any offer of employment I may receive from the City is contingent upon my successful completion of the City's total pre employment screening process, including the City's receiving references that it considers satisfactory and my satisfactory completion of all post offer pre-employment examinations required by the City.
4. I understand the City is a Drug Free Workplace employer and as such conducts pre employment, random, reasonable suspicion, follow up and post accident drug/alcohol testing for employees. I also understand positive drug tests will disqualify job applicants from employment with the City and may result in termination of employed, if employed by the City. A refusal to test will have the same effect as a positive test.
5. I authorize and request that all of my present and former employers and those individuals I have listed as references furnish information about my employment record documented or not, including a statement of the reason for the termination of my employment, work performance, abilities and other qualities pertinent to my qualifications for employment and general character, hereby releasing them from any and all liability for damages arising from furnishing the requested information.
6. In consideration of my employment, I agree to comply with the policies, rules, regulations and procedures of the City and Fire Department.

Applicant Signature

Date

Subscribe and sworn to before me, a Notary Public in the County of _____,

State of Florida, this _____ day of _____, 2016.

Notary Public _____

My Commission Expires _____

The City of Key West Fire Department is an Equal Opportunity Employer

PERSONAL INQUIRY WAIVER
AUTHORITY FOR RELEASE OF
CONFIDENTIAL INFORMATION

TO: Concerned Person or Authorized
Representative of Any Organization,
Institution or Repository of Records:

EMPLOYEE'S / APPLICANT'S NAME: _____

MAIDEN NAME (if applicable): _____

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____

ADDRESS: _____ CITY _____

STATE _____ ZIP _____

I respectfully request and authorize you to furnish the City of Key West all information that you may have concerning my employment record, including performance evaluations and disciplinary actions, school record, character, reputation, arrest records, criminal records or records from a law enforcement agency, driver's license, polygraph examination history, any and all records of my employment or application for employment. Please include any and all information of a confidential or privileged nature and photocopies of same, if possible. This information is to be used to assist the City of Key West in determining my qualifications and fitness for employment.

I hereby release you, your organization, or others from any liability or damage which may result from furnishing the requested information. In accordance with Florida Statutes 119.011, credit records obtained are public records and subject to disclosure.

Employee/Applicant Signature

Date

AFFIDAVIT

STATE OF _____
COUNTY OF _____

The foregoing instrument was acknowledged before me by _____
Who has produced _____ as identification and who appeared before me at the time of
notarization.

WITNESS, my hand and official seal this _____ day of _____, 2016.

(SEAL)
NOTARY PUBLIC

PRINT

APPLICANT'S WAIVER OF LIABILITY

In consideration of my application for employment with the City of Key West Fire Department, herein allowing me to perform the physical tests required and upon my own application, I do hereby voluntarily and knowingly assume full responsibility for all injuries and damages which might be incurred by me in the performance of said tests.

I have reviewed the materials regarding the physical agility test, am aware of the extent of and rigors of such test and voluntarily agree to undertake this portion of the hiring process. I have also been advised to consult with a physician to determine if I am capable of safely performing all the tasks of the Physical Agility Test. I do this hereby for myself, my personal representatives, heirs and assign release, discharge and acquit the City of Key West and it's employees and officers, and all persons or companies which might be liable on its account for any and all claims for loss, damage or injury of any nature whatsoever, whether to person or property resulting from the performance of said test whether caused by the negligent acts of the City of Key West, Florida, its agents or servants or otherwise.

Applicant's Signature Date

AFFIDAVIT

STATE OF _____
COUNTY OF _____

The foregoing instrument was acknowledged before me by _____,

Who has produced _____ as identification and who appeared before me at the time of notarization.

WITNESS, my hand and official seal, this ____ day of _____, 2016.

NOTARY PUBLIC SEAL

PRINT _____