



CITY OF TOCCOA FIRE DEPARTMENT

FRANKIE DEITZ - ASSISTANT FIRE CHIEF
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61 COLONIAL DRIVE TOCCOA, GEORGIA 30577
706-282-3347

The following documents need to be submitted along with the completed application:

A copy of your:

1. Valid Driver's License
 2. High School Diploma or GED
 3. Birth Certificate
 4. Social Security Card
 5. DD214 - If you are a veteran
 6. Any certificates or cards related to the Fire Service
- Have a Doctor sign the Medical Affidavit
 - Complete and sign the Consent Form
 - Complete and sign the Driver's History Consent Form
 - Sign the Applicant Record Notification
 - Complete and sign the Liability Waiver
-
- Contact the High School from which you graduated, and have them send us a Verification of Graduation Letter on the school's letterhead.
 - Firefighting is a very physical and strenuous job! Candidates must successfully complete a timed Pre-employment Physical Agility Course that is very demanding, so start practicing now!

**Keep the first 6 pages of this packet for your reference.*

Toccoa Firefighter Agility Course

Firefighters will wear a helmet, turnout coat, gloves, and an SCBA without a facepiece. Course must be completed within 7 minutes.

1. From the starting point, walk 20' and pick up a hosepack consisting of 100' of 2 ½" hose, put the hosepack on your shoulder, and climb the stairs to the 3rd floor using the handrail. Upon reaching the 3rd floor, put the hosepack on the floor and climb the stairs to the 4th floor, using the handrail. From the 4th floor, use a rope to hoist a 50' roll of 2½" hose from the ground, to the 4th floor and return to the ground using a hand-over-hand motion. Descend the stairs to the 3rd floor, and pick up the hosepack, carrying it back to the ground floor and return it as found.
2. Pick up a K-12 saw, walk 60' to the fence and make a head to toe cutting motion. Pick up an additional K-12 saw and carry both of them 150' to the Kaiser Sled.
3. Drive the Kiser block to the other side of the prop with a dead-blow hammer. Pick up both saws and walk 80' to the ladder props. Grasp the tip of a 14' roof ladder and walk it up hand-over-hand using the rungs, to a vertical position, then lower it in the same fashion to the ground. Move over to a 24' extension ladder, and using the hand-over-hand method, fully extend it without locking, then fully retract and lock it. Pick up both saws and walk 100' to the hose sled.
4. Put an 1 ¾" hose attached to a weighted sled over your shoulder and drag it 50'. Take the hose off your shoulder and pull the sled 50' toward you with a hand-over-hand motion. Pick up both saws and walk 80' to the dummy drag.
5. Put both saws on the ground and pick up a hose dummy. Drag the dummy, walking backwards, for 60' and put the dummy on the ground.

JOB TITLE: Firefighter I

FD/7

DEPARTMENT: Fire, City of Toccoa

JOB SUMMARY: This position is responsible for protecting lives and property endangered by fire and other emergency situations.

MAJOR DUTIES:

- o Responds to fires and performs fire suppression activities utilizing firefighting equipment and techniques, including nozzle operation, fire stream direction, and building ventilation.
- o Responds to requests for investigation of gas leaks, suspicious odors, and fire alarms; may inspect burned structures and vehicles.
- o Performs rescue, salvage, and overhaul operations.
- o Administers first response emergency medical care.
- o Participates in mandatory physical fitness programs.
- o Inspects assigned apparatus and equipment; cleans and performs routine maintenance on same; maintains apparatus in ready condition.
- o Participates and assists in training, fire drills, and mock disasters, including set-up and evacuation.
- o May teach fire prevention and fire safety to local school and civic groups.
- o May act as substitute driver of emergency vehicles which could include establishing a fire stream, placing ladders, and monitoring gauges.
- o Performs housekeeping and grounds maintenance duties.
- o Conducts periodic inspections of hoses and hydrants.
- o Conducts station tours.
- o Assists with gathering information and completing fire reports.
- o Assists with inspecting buildings and developing pre-fire plans.
- o Performs other related duties as assigned.

KNOWLEDGE REQUIRED BY THE POSITION:

- o Knowledge of firefighting techniques.
- o Knowledge of firefighting apparatus and equipment.
- o Knowledge of hydraulics and extrication equipment.
- o Knowledge of local, state, and federal fire codes.
- o Knowledge of National Fire Protection Association guidelines and department and city rules, regulations, policies, and procedures.
- o Knowledge of local geography, streets, and buildings.
- o Knowledge of hydrant locations.
- o Knowledge of hazardous materials.
- o Knowledge of potential fire hazards.
- o Knowledge of first responder emergency medical care.
- o Knowledge of building construction and basic mechanics.
- o Skill in operating firefighting equipment and apparatus.
- o Skill in operating rescue and extrication equipment.
- o Skill in operating various hand and power tools.
- o Skill in interpersonal relations.
- o Skill in oral and written communication.

SUPERVISORY CONTROLS: The Captain assigns work in terms of general instructions. Work is reviewed for compliance with instructions and established procedures, accuracy, and the nature and propriety of final results.

GUIDELINES: Guidelines include National Fire Protection Association codes, federal and state laws, local ordinances, building codes, and city and department rules, regulations, policies, and procedures. These guidelines are generally clear and specific, but may require some interpretation in application.

COMPLEXITY: The work consists of related fire suppression and rescue duties. Various emergency and potentially life-threatening situations contribute to the complexity of the work.

SCOPE AND EFFECT: The purpose of this position is to protect lives and property through fire suppression activities, fire prevention and safety activities, and education. Successful performance results in increased public safety and decreased property loss.

PERSONAL CONTACTS: Contacts are typically with co-workers, fire and emergency victims, other emergency personnel, other city employees, utilities personnel, public service agency representatives, and the general public.

PURPOSE OF CONTACTS: Contacts are typically to exchange information, resolve problems, and provide services.

PHYSICAL DEMANDS: The work is typically performed while standing, walking, bending, crawling, crouching, or stooping. The employee must frequently lift light and heavy objects, climb ladders, use tools and equipment requiring a high degree of dexterity, and be able to distinguish between shades of color.

WORK ENVIRONMENT: The work is typically performed at the fire station or at fire scenes. The employee may be exposed to noise, dust, dirt, machinery with moving parts, irritating chemicals, extreme temperatures, smoke, fumes, inclement weather, and hazardous situations and materials. The work requires the use of protective equipment and devices.

SUPERVISORY AND MANAGEMENT RESPONSIBILITY: None.

MINIMUM QUALIFICATIONS:

- o Ability to read, write, and perform basic mathematical calculations at a level commonly associated with the completion of high school or equivalent.
- o No experience requirements.
- o Possession of or ability to readily obtain a valid driver's license issued by the State of Georgia for the type of vehicle or equipment operated.
- o Ability to meet current requirements set forth by the National Fire Protection Association and the Georgia Firefighter Standards and Training Act.

FOR OFFICE USE ONLY		FOR OFFICE USE ONLY	
Possible Work Location	Possible Positions	Work Location: _____	Rate: _____
		Position: _____	Date: _____

City of Toccoa
An Equal Opportunity Employer
APPLICATION FOR EMPLOYMENT

Date _____

PERSONAL DATA

Name _____ Social Security No. _____
(Last) (First) (Middle)

Present Address _____
(No.) (Street) (City) (State) (Zip)

Telephone No. _____
(Area Code)

Are you legally eligible for employment in the USA? Yes No (If yes, verification will be required.)

Are you of the legal age to work? Yes No

Position applied for _____

Have you ever been employed by the City of Toccoa? Yes No

If yes, when and what position did you hold? _____

If your application is chosen, on what date will you be available for work? _____ 20____

Are there any other experiences, skills, or qualifications which will be of special benefit in the job for which you are applying?

(Applicant should not list any information that Federal and/or State law precludes obtaining in the pre-employment stage.)

RECORD OF EDUCATION

(Check last year completed in high school or college)

SCHOOL	SCHOOL NAME & ADDRESS	COURSE OF STUDY	LAST YR. COMPLETED	DID YOU GRADUATE? (Y/N)	If No, GED? (Y/N)
High School			1 2 3 4		
College			1 2 3 4		
Other (specify)			1 2 3 4		

PERSONAL REFERENCES

(Not Former Employers or Relatives)

Name & Occupation	Address	Phone Number

City of Toccoa
An Equal Opportunity Employer
APPLICATION FOR EMPLOYMENT

RESUME

(List below present and past employment, beginning with your most recent.)

Name & Address of Company/Type of Business	From	To	Starting Salary	Ending Salary	Reason for Leaving	Name of Supervisor
	Mo./Yr.	Mo./Yr.				
Describe below the work you did:						
Position Held: _____						
Phone # _____						

Name & Address of Company/Type of Business	From	To	Starting Salary	Ending Salary	Reason for Leaving	Name of Supervisor
	Mo./Yr.	Mo./Yr.				
Describe below the work you did:						
Position Held: _____						
Phone # _____						

Name & Address of Company/Type of Business	From	To	Starting Salary	Ending Salary	Reason for Leaving	Name of Supervisor
	Mo./Yr.	Mo./Yr.				
Describe below the work you did:						
Position Held: _____						
Phone # _____						

Name & Address of Company/Type of Business	From	To	Starting Salary	Ending Salary	Reason for Leaving	Name of Supervisor
	Mo./Yr.	Mo./Yr.				
Describe below the work you did:						
Position Held: _____						
Phone # _____						

I hereby give permission to contact the employers listed above concerning my prior work employment and experience.

Signed _____

If there is a particular employer(s) you do not wish us to contact, please indicate which one(s). Why? _____

MILITARY SERVICE RECORD

Were you in the U.S. Armed Forces? Yes No If yes, what branch? _____

Did you receive any training in the U.S. Armed Forces that is relevant to the position applied for?

MEDICAL AFFIDAVIT

PHYSICIAN MUST USE THIS FORM

Note to medical personnel:

This applicant, if certified, will have met the medical prerequisites necessary to gain employment or appointment at any fire department in the state of Georgia, including but not limited to, the current department of which he/she is a member.

Firefighters are charged with the responsibilities of mitigating a variety of emergency and non-emergency situations where life, property, or the environment is at risk. Firefighters may be required to work under extremely harsh environmental conditions requiring them to wear cumbersome protective clothing and equipment while performing strenuous physical activities. They may be required to perform rescue work and/or provide emergency medical treatment to individuals suffering from medical or traumatic emergencies. While performing or participating in these operations firefighters may be required to make decisions that could have serious consequences to life and property.

_____ is applying to become a State Certified Firefighter.

I have examined _____ and to the best of my knowledge this person is in good physical condition.

Name of Physician, Physician Assistant, or Nurse (operating under a physician's authority)

Address

Authorized Signature

Date

CONSENT FORM

I hereby authorize the City of Toccoa to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Full Name Printed

Address

Sex Race

DOB SSN

Signature

Notary

Date

Purpose Code

Georgia Driver's History Consent Form

O.C.G.A. § 40-5-2(f)(4) authorizes local fire departments and law enforcement agencies access to Georgia driver's history records as part of an application for employment or any current employee for use relative to the performance of official duties with the local fire or law enforcement agency.

I hereby authorize the

Toccoa Police Department

List Name of Law Enforcement Agency/Fire Department

To receive a copy of my Georgia Driver's History record as part of my application for employment, or for use relative to the performance of my official duties with the agency.

Full Name (print)	
Address	
Sex	
Race	
Date of Birth	
Driver's License Number	

This authorization is valid for 90 days from the date of signature.

Signature	Date
_____	_____

To be completed by CJIS network operator:

Date of Inquiry	
Time of Inquiry	
Operator's Initials	

Date Results Provided	
Person Results Provided to	

Applicant Record Notification

Notification

Fingerprints submitted will be used to check the criminal history results of the FBI.

Obtaining Copy

Procedures for obtaining a copy of FBI criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.30 through 16.33 or go to the FBI website at <http://www.fbi.gov/about-us/cjis/background-checks>.

Change, Correction, or Updating

Procedures for obtaining a change, correction, or updating of an FBI criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34

Print Name

Date

Signature

Liability Waiver for Toccoa Fire Department

Live Fire Training Program

198 W Doyle Street

Toccoa, GA 30577

You are registered to participate in our NFPA 1403 Live Fire Training Program which includes hands-on practical training in a fixed facility structure. Please review and complete this liability waiver and return it to the course instructor.

WHEREAS, the undersigned is registered for one or more hands-on Training programs provided by the Toccoa Fire Department Instructors.

NOW, THEREFORE, for and in consideration of the privilege of participating in such Training provided by or on behalf of the Toccoa Fire Department, the undersigned, for himself/herself, his/her personal representative, heirs, and next of kin:

1. hereby agrees to allow Toccoa Fire Department the use of photographs that have been taken during the program.
2. hereby understands that this training is conducted according to the NFPA 1403 and will abide by all site safety rules.
3. hereby acknowledges that the activities involved in the Training are of a hazardous nature and contain inherent risks of serious injury and/or death and/or property damage. The undersigned also expressly acknowledges that injuries received may be compounded or increased by negligent rescue operations or procedures of the Releasees.
4. hereby releases, waives, discharges, and covenants not to sue Toccoa Fire Department, its employees, officers, board, equipment suppliers, agents, representatives, and management (Releasees) for any and all loss or damage, and any claim or demands therefore on account of accident, injury, illness, death, or harm of any type arising out of or related to the Training, whether caused by the negligence of any Releasee or otherwise.
5. hereby agrees to indemnify and hold harmless the Releasees and each of them from any loss, liability, damage, or cost they may incur arising out of or related to the Training whether caused by the negligence of the Releasees or otherwise.
6. hereby assumes full responsibility for any risk of bodily injury, death, or property damage arising out of or related to the Training whether caused by the negligence of Releasees or otherwise.
7. hereby agrees that this Liability Waiver extends to all acts of negligence by the Releasees, including negligent rescue operations, and is intended to be as broad and inclusive as is permitted by the laws of the State in which the Training is occurring in and that if any portion thereof is held invalid, the undersigned agrees that the balance shall continue in full force and effect.

I, THE UNDERSIGNED, HAVE READ THIS WAIVER OF LIABILITY, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Student Name Print _____ Signature _____ Department Name _____
Date ____/____/____