



WILDER FIRE/RESCUE

522 LICKING PIKE • WILDER, KENTUCKY 41071

PHONE 859-431-5884 • FAX 859-581-0823



FIRE CHIEF DOUG NEYMAN

NFPA Essential Job Tasks

- (1) Wearing personal protective ensemble and SCBA, performing fire-fighting tasks (hoseline operations, extensive crawling, lifting and carrying heavy objects, ventilating roofs or walls using power or hand tools, forcible entry, etc.), rescue operations, and other emergency response actions under stressful conditions, including working in extremely hot or cold environments for prolonged time periods
- (2) Wearing an SCBA, which includes a demand valve-type positive-pressure facepiece or HEPA filter masks, which requires the ability to tolerate increased respiratory workloads
- (3) Exposure to toxic fumes, irritants, particulates, biological (infectious) and nonbiological hazards, and/or heated gases, despite the use of personal protective ensembles and SCBA.
- (4) Depending on the local jurisdiction, climbing six or more flights of stairs while wearing fire protective ensemble weighing at least 50 lb. (22.6 kg) or more and carrying equipment/tools weighing an additional 20 to 40 lb. (9 to 18 kg).
- (5) Wearing fire protective ensemble that is encapsulating and insulated, which will result in significant fluid loss that frequently progresses to clinical dehydration and can elevate core temperature to levels exceeding 102.2°F (39°C).
- (6) Wearing personal protective ensemble and SCBA, searching, finding, and rescue dragging or carrying victims ranging from newborns to adults weighing over 200 lb. (90 kg) to safety despite hazardous conditions and low visibility.
- (7) Wearing personal protective ensemble and SCBA, advancing water-filled hoselines up to 2 1/2 in. (65 mm) in diameter from fire apparatus to occupancy [approximately 150 ft. (50 m)], which can involve negotiating multiple flights of stairs, ladders, and other obstacles.
- (8) Wearing personal protective ensemble and SCBA, climbing ladders, operating from heights, walking or crawling in the dark along narrow and uneven surfaces, and operating in proximity to electrical power lines and/or other hazards.

(9) Unpredictable emergency requirements for prolonged periods of extreme physical exertion without benefit of warm-up, scheduled rest periods, meals, access to medication(s), or hydration.

(10) Operating fire apparatus or other vehicles in an emergency mode with emergency lights and sirens.

(11) Critical, time-sensitive, complex problem solving during physical exertion in stressful, hazardous environments, including hot, dark, tightly enclosed spaces, that is further aggravated by fatigue, flashing lights, sirens, and other distractions.

(12) Ability to communicate (give and comprehend verbal orders) while wearing personal protective ensembles and SCBA under conditions of high background noise, poor visibility, and drenching from hose lines and/or fixed protection systems (sprinklers).

(13) Functioning as an integral component of a team, where sudden incapacitation of a member can result in mission failure or in risk of injury or death to civilians or other team members.

I am mentally and physically able to accomplish the NFPA Essential Job Tasks.

PRINT NAME

SIGNATURE

DATE



City of Wilder

520 Licking Plke
Wilder, Kentucky 41071
859-581-8884
"An Equal Opportunity Employer"

EMPLOYMENT APPLICATION

We consider applicants for all positions without regard to political affiliation, disability, race, color, age, national origin, citizenship, religion, sexual preference, or other legally protected status.

APPLICANT SECTION

(Please Print)

Position Applied for _____ Date of Application _____

Last Name _____ First Name _____ Middle Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone Number _____ Cellular Telephone _____ Social Security Number _____

E-mail Address _____

Previous Address – If at above address less than three years

Address _____

City _____ State _____ Zip Code _____

How long have you lived at your present address? Yrs. ____ Mos. ____

Are you legally eligible for employment in the U.S.? Yes ____ No ____

On what date would you be available to work? _____

Are you available to work ____ Full-time ____ Part-time ____ Provisional

What days of the week are you able to work? _____



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EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate political affiliation, disability, race, color, age, national origin, citizenship, sex, religion, sexual preference, or other legally protected status.

Employer	Address	Telephone number
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Dates Employed (Month/Year)	Work Performed	Salary (Starting-Final)
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Job Title	Supervisor	Reason for Leaving
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Employer	Address	Telephone number
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Dates Employed (Month/Year)	Work Performed	Salary (Starting-Final)
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Job Title	Supervisor	Reason for Leaving
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Employer	Address	Telephone number
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Dates Employed (Month/Year)	Work Performed	Salary (Starting-Final)
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Job Title	Supervisor	Reason for Leaving
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Employer	Address	Telephone number
Dates Employed (Month/Year)	Work Performed	Salary (Starting-Final)
Job Title	Supervisor	Reason for Leaving

(If you need additional space, continue on a separate sheet of paper)

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

Signature

Date

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

EDUCATION

High School: _____

College: _____

Degree: _____ Major: _____ Minor: _____

Specialized training: _____



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REFERENCES

List name, address and telephone number of three references who are not related to you and are not previous employers.

NAME	ADDRESS	TELEPHONE NUMBER
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NAME	ADDRESS	TELEPHONE NUMBER
------	---------	------------------

NAME	ADDRESS	TELEPHONE NUMBER
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Declaration

I declare that, to the best of my knowledge, the information given is true and correct. I understand that inaccurate, misleading or untrue statements or knowingly withheld information may result in termination of employment with this organization.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "AT WILL" nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood that this "AT WILL" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I understand that this application does not constitute an offer of employment. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

I understand, also, that I am required to abide by all rules and regulations of the employer. I understand that, in some cases, police and credit checks will be required and I will be notified if this applies to this application.

Signed	Date
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REQUEST FOR CONVICTION RECORDS
FIRE DEPARTMENT, AMBULANCE SERVICE, RESCUE SQUAD

Pursuant to KRS 17.167, Request is made for any record of conviction found in the files of the Kentucky centralized criminal history record information system regarding the person identified herein. This information shall be released to:

Wilder Fire Department 522 Licking Pike Wilder Ky, 41071

Organization Name and Address

ACKNOWLEDGEMENT BY APPLICANT

I have applied for employment or a volunteer position with one of the following organizations: a paid or volunteer fire department (certified by the Commission on Fire Protection Personnel Standards and Education), an ambulance service (licensed by the Commonwealth of Kentucky), or a rescue squad (officially affiliated with a local disaster and emergency services organization or with the Division of Emergency Management). I am requesting that the Kentucky State Police provide the employer with any record of conviction found in the files of the Kentucky centralized criminal history record information system. I know that I have the right to inspect my criminal history record and to request correction of any inaccurate information. If I do not exercise that right, I agree to hold harmless the Kentucky State police and any Kentucky State Police employee(s) from any claim for damages arising from the dissemination of inaccurate information.

I have applied for a position with the above stated organization.

APPLICANT INFORMATION (PLEASE PRINT)

NAME: _____
 First Middle Last Maiden

ADDRESS: _____
 Street City State Zip

SEX: _____ RACE: _____ DATE OF BIRTH: _____ SOC SEC NO: _____

Signature Date

Witness Date

INSTRUCTIONS:

The Requesting agency must confirm that all application information is completed accurately and legibly.

Requests should be accompanied by two, self-addressed stamped envelopes – one bearing the name and address of the requesting agency and the other bearing the name and address of the applicant.

RETURN THIS FORM TO:

Kentucky State Police
Criminal Identifications and Records Branch
Criminal History Dissemination Section
1266 Louisville Road
Frankfort, KY 40601

Visit us online @ <http://kentuckystatepolice.org>

RELEASE

DATE: _____

TO WHOM IT MAY CONCERN:

I the undersigned, a City of Wilder, Kentucky applicant, do hereby authorize the release of any and all information requested by the City of Wilder, Kentucky Police Department pertaining to my school, references personal and professional, arrest, driving, credit, and employment records.

SIGNED: _____

ADDRESS: _____

SOC. SEC. NUMBER: _____

DATE OF BIRTH: _____