



**West Memphis Fire Department  
Employment Requirements for  
Firefighter/EMT and Firefighter/Paramedic**

**To be considered for employment you:**

- Must be a citizen of the United States.
- Must have a high school diploma or GED equivalent
- Must be at least 18 years of age.
- Must possess a valid driver's license with a clean driving record (other than minor violations).
- Must successfully complete a background check of criminal and employment history.
- Must have a successful drug screen.
- Must pass physical agility test.
- Must pass written test.

**If you feel you can meet these requirements, you may complete an application packet. You must include copies of the following with your application (none of the copies are returnable) and submit to Human Resources:**

- Proof of U.S. citizenship
- High school diploma or GED
- Certified birth certificate
- Driver's License
- DD214 Form (if former military)

**Human Resources will review applications for the minimum requirements. Those applicants meeting the minimum requirements will be notified to schedule the physical agility test. Those who pass the physical agility test will then be scheduled to take the written test. Successful applicants of the written test will be given the opportunity to begin the interviewing process for selection, which consist of oral interviews with members of the West Memphis Fire Department.**

**Final Applicant selected must:**

- Have uncorrected vision of 20/100 corrected to 20/20 or better.
- Pass a physical.
- Pass a psychological examination.
- Have a successful background and drug screen.

**The physical agility test will consist of the following:**

1. Ladder Climb – not timed
2. Hose Hoist - timed
3. Ladder Set-up – timed
4. Hose Roll - timed
5. Ventilation - timed
6. Hose Advance - timed
7. Stairwell Exercise – timed
8. Victim Rescue – timed

Applicants should wear physical training attire and running shoes. The physical agility test consists of the following:

- The applicant must complete the ladder climb before he/she is allowed to take the timed part of the test.
- This test requires the applicant to perform eight (8) tasks that are directly related to a firefighter's job.
- Before beginning the test, each applicant is fitted with a turnout coat and a self-contained breathing apparatus (SCBA) weighting approximately thirty (30) pounds.
- The Physical Agility Test is pass or fail. You must complete the timed part of the test in seven (7) minutes or less to pass. Anything over seven (7) minutes, you fail the test.

Evaluations will be documented on the appropriate forms and retained with the applicant's application for a minimum of one (1) year. Documents shall be utilized as a resource document when considering the applicant for employment.



# *City of West Memphis*

## *Fire Department*

*200 N. 7<sup>th</sup> Street ♦ P. O. Box 1868  
West Memphis, Arkansas 72303-1868  
(870) 732-7570*

### **Personal Inquiry Waiver**

To: \_\_\_\_\_

I respectfully request and authorize you to furnish **WEST MEMPHIS FIRE DEPARTMENT** any and all information that you may have concerning me, my work record and my reputation. This information is to be used to assist the department in determining my qualification for the position I am seeking with the **WEST MEMPHIS FIRE DEPARTMENT**.

I hereby release you, your organization or others from any liability or damage which may result from furnishing the information requested above.

Full Name: \_\_\_\_\_  
Signature

Date: \_\_\_\_\_

*An Equal Opportunity Employer*

# Application For Employment



*City of  
West Memphis*

Please provide complete and legible information. An incomplete application may affect your consideration for employment. If necessary, attach a separate sheet for additional information. Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap, or any other legally protected status. All city employees are "at will employees".

*(Please Print)*

Date of Application \_\_\_\_\_

Position Applied For \_\_\_\_\_

Referral Source: \_\_\_\_\_ Newspaper Ad \_\_\_\_\_ Internet \_\_\_\_\_ City Employee \_\_\_\_\_ Workforce  
\_\_\_\_\_ Other - Explain: \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Number Street City State Zip Code

Contact # \_\_\_\_\_ E-mail (optional) \_\_\_\_\_

Have you ever been employed here before? \_\_\_ **Yes** \_\_\_ **No** If Yes, give date \_\_\_\_\_

Are you employed now? \_\_\_ **Yes** \_\_\_ **No** May we contact your present employer? \_\_\_ **Yes** \_\_\_ **No**

Are you legally authorized to work in the United States \_\_\_ **Yes** \_\_\_ **No**

Do you now, or will you in the future, require immigration sponsorship for work authorization (e.g., H-1B)?

\_\_\_ **Yes** \_\_\_ **No** (If hired, verification will be required consistent with federal law.)

Are you under the age of 18? \_\_\_ **Yes** \_\_\_ **No**

If under the age 18, please state your age. \_\_\_\_\_ (the primary reason for this question is to address any child labor laws.)

On what date would you be available for work? \_\_\_\_\_

Are you available to work \_\_\_ Full-time \_\_\_ Part-time \_\_\_ Temporary

Are you laid-off and subject to recall \_\_\_ **Yes** \_\_\_ **No** Can you travel if a job requires it? \_\_\_ **Yes** \_\_\_ **No**

**An Equal Opportunity Employer**

# Employment Experience

List all employment experience for the past seven years, starting with the most recent or present employer. Using a separate section for each position, describe in detail all work experience including periods of unemployment. You may include as part of your employment history any verified work performed on a volunteer basis. Resumes may not be substituted in lieu of completing the following employment information.

Current Employer _____ Geographic Location _____ Your Position _____ Supervisor's Name/Title _____ Primary Responsibilities _____ _____	Phone (_____) _____ Dates: From _____ To _____ Starting wage: _____ Ending wage: _____ Reason for Leaving _____ May we contact? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If not, why? _____
Previous Employer _____ Geographic Location _____ Your Position _____ Supervisor's Name/Title _____ Primary Responsibilities _____ _____	Phone (_____) _____ Dates: From _____ To _____ Starting wage: _____ Ending wage: _____ Reason for Leaving _____ May we contact? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If not, why? _____
Previous Employer _____ Geographic Location _____ Your Position _____ Supervisor's Name/Title _____ Primary Responsibilities _____ _____	Phone (_____) _____ Dates: From _____ To _____ Starting wage: _____ Ending wage: _____ Reason for Leaving _____ May we contact? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If not, why? _____
Previous Employer _____ Geographic Location _____ Your Position _____ Supervisor's Name/Title _____ Primary Responsibilities _____ _____	Phone (_____) _____ Dates: From _____ To _____ Starting wage: _____ Ending wage: _____ Reason for Leaving _____ May we contact? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If not, why? _____

Veteran of the U.S. military service?  **No**  **Yes** If Yes, Branch, Dates, \_\_\_\_\_

Attach: DD214 Form (if former military)

**Please account for any gaps of employment** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Education

Type of School	School Name and Location	Highest Grade Completed	Course of Study or Major Dates Attended
High School or G.E.D. equivalent		9 10 11 12/GED	
College or University		1 2 3 4	
Vocational or Trade School			
Graduate School			
Other (including Military training)			

Note any special coursework, honors, activities, special projects or any other data that will assist us in considering your application for employment;

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**List All Licenses You Now Hold (Driver's, CDL, Electricians, Etc.)** \_\_\_\_\_

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### Special Skills and Qualifications

Please comment on how your prior education and experiences qualify you for the type of employment you are seeking. Detail any past responsibilities and achievements.

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### Professional References

List three professional references (other than those listed as current/previous supervisor) that we may contact:

Name _____	Phone No. (     ) _____
E-mail address _____	Type of Acquaintance _____
Name _____	Phone No. (     ) _____
E-mail address _____	Type of Acquaintance _____
Name _____	Phone No. (     ) _____
E-mail address _____	Type of Acquaintance _____

**Please read carefully and initial each paragraph before signing**

I have disclosed all information that is relevant and should be considered applicable to my candidacy for employment.

\_\_\_\_\_ Initials

I understand, where permissible under applicable state and local law, I may be subject to a pre-employment drug test after receiving a conditional offer of employment, and must receive a negative result for illegal drugs before being permitted to commence work with the City of West Memphis.

\_\_\_\_\_ Initials

I understand, where permissible under applicable state and local law, I may be subject to a pre-employment medical examination after receiving a conditional offer of employment, and must meet the qualifications for the position, with or without reasonable accommodation, before being permitted to commence work with the City of West Memphis.

\_\_\_\_\_ Initials

I hereby certify that the information given by me is true in all respects, I authorize the City of West Memphis and its representatives to contact my prior employers and all others for the purpose of verification of the information I have supplied and release same from any liability resulting from the information released. I authorize employers, schools and other persons named on this application to provide any information or transcripts requested.

\_\_\_\_\_ Initials

I understand employment with the City of West Memphis is also contingent on my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States.

\_\_\_\_\_ Initials

I expressly understand and agree that, if employed, my employment, having no specified term, is based upon mutual consent and may be terminated at will, with or without cause, by either party (City of West Memphis or me) without prior notice to the other, unless otherwise prohibited by law.

\_\_\_\_\_ Initials

I understand that no representation, whether oral or written, by a representative or agent of the City of West Memphis, at any time can constitute an implied or expressed contract of employment. I further understand no representative or agent of the City of West Memphis had the authority to enter into an agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other terms or condition of employment other than in a document signed by the Director of Human Resources or an authorized representative.

\_\_\_\_\_ Initials

I certify, under penalty of perjury, that all of the above information is true and complete, and I understand that any falsification or omission of information may result in denial of employment or, if hired, may result in termination regardless of the time lapse before discovery.

Note: An offer of employment is conditioned upon complying with the City of West Memphis' requirements including, but not limited to signing a consent form to conduct a background investigation and drug test.

**My signature is evidence that I have read and agree with the above statements.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

# Applicant Data Record

City of  
West Memphis

Applicants are considered for all positions and 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.

As employers, we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a **Confidential File** separate from the Application for Employment. Your cooperation is voluntary.

(Please Print) Date \_\_\_\_\_

Position Applied For \_\_\_\_\_

Referral Source: \_\_\_\_\_ Advertisement \_\_\_\_\_ City Employee \_\_\_\_\_ Other \_\_\_\_\_ Walk-In

\_\_\_\_\_ Employment Agency

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Number Street City State Zip Code

Contact # \_\_\_\_\_  
Area Code

## Affirmative Action Survey

Government agencies require periodic reports on the age, sex, ethnicity, handicapped and veteran status of applicants, and other protected status of applicants. This data is for analysis and affirmative action only. SUBMISSION OF INFORMATION IS VOLUNTARY.

Date of Birth \_\_\_\_\_

Check one: \_\_\_\_\_ Male \_\_\_\_\_ Female

Check on of the following:

Race/Ethnic Group: \_\_\_\_\_ White \_\_\_\_\_ Black \_\_\_\_\_ Hispanic

\_\_\_\_\_ American Indian/Alaskan Native \_\_\_\_\_ Asian/Pacific Islander

Check if any of the following are applicable:

\_\_\_\_\_ Vietnam Era Veteran \_\_\_\_\_ Disabled Veteran \_\_\_\_\_ Handicapped Individual



## CITY OF WEST MEMPHIS

### GENERAL INFORMATION RELEASE AND DISCLOSURE

#### RELEASE OF INFORMATION:

You are hereby notified that a consumer report or an investigative consumer report will be requested from CourtHouse Concepts, Inc., a nationwide consumer reporting agency for the purpose of evaluating you for employment, promotion, reassignment or retention as an employee or contractor or as part of a specific business application procedure. The report may contain information bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living from public or private record sources or through personal interviews with your neighbors, friends, associates, or education facility. I forever release, absolve, and indemnify to the fullest extent allowed by law, this company, CourtHouse Concepts, Inc., and all providers of information for releasing and obtaining any information arising from any and all sources. According to the Fair Credit Reporting Act, I am entitled to know if my application is denied because of information obtained by my prospective employer from a consumer reporting agency. If so, I will be so advised and be given the name of the agency or source of information.

I have read and understand the above statement and hereby give my express permission to complete this investigation.

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

PLEASE PRINT

List all other names (Maiden/Aka) \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

EACH NAME IS A SEPARATE CHARGE

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ DL ST / #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

#### \*Social Trace, Nationwide Criminal Search and National Sex Offender Registry Search.

LIST ALL JURISDICTIONS, CITIES, COUNTIES and/or STATES in which you have lived in the last 7-years:

LOCATIONS: \_\_\_\_\_

1. Have you ever been charged with an offense other than a minor traffic violations:  
\_\_\_\_\_ NO \_\_\_\_\_ YES

If yes please list the Date(s): \_\_\_\_\_

Are there charges still pending? \_\_\_\_\_ NO \_\_\_\_\_ YES, EXPLAIN \_\_\_\_\_

\_\_\_\_\_

List the city and state where the offense took place: City: \_\_\_\_\_ ST: \_\_\_\_\_

I hereby affirm that the information on the application and this disclosure is true and complete to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*Attach another piece of paper if more room is needed.

**CITY OF WEST MEMPHIS**  
**CONSENT TO DRUG AND/OR ALCOHOL TESTING**

The undersigned, an employee or job applicant with the City of West Memphis, Arkansas, hereby acknowledges receipt of the City of West Memphis, Arkansas, Drug Testing Policy and Procedures and hereby authorizes the test in accordance with said policy and procedures and permits the release of test results to those City of West Memphis, Arkansas, officials with a need to know and otherwise as may be required by law.

The procedure for confirming an initial, positive drug test result shall be that, if a list of medications used by the employee within the past 72 hours has been provided, the medical facility or laboratory conducting the test shall be requested to determine whether the positive test result was due to the lawful use of any of the medications, if any, disclosed by the employee as having been used within 72 hours prior to the test.

The consequences of a confirmed positive test result are that upon receipt of the test results the employee will be notified and requested to attend a conference with the employee's supervisor. If the positive test result is confirmed the employee shall be entitled to a hearing prior to any disciplinary action. Pending any hearing and the decision of the hearing officer, the employee may be suspended with pay. If the hearing officer finds that the test results are accurate and the employee's supervisor had reasonable suspicion, if testing was required based upon reasonable suspicion, a written decision will be issued and may include disciplinary action up to and including termination.

The consequences of refusing to undergo a drug and alcohol test are as follows:

- A. A job applicant who refused to consent to a drug or alcohol test will be denied employment.
- B. An employee who refuses to consent to a drug or alcohol test when reasonable suspicion of drug or alcohol use has been identified is subject to disciplinary action up to and including termination. An employee shall be entitled to a hearing prior to the City's decision that such refusal warrants disciplinary action. The reason for the refusal shall be considered in determining the appropriate disciplinary action.

The right to explain a positive test result and the appeal procedures available are as follows: Upon execution of the consent or upon notification of a positive test result, employees may disclose a list of those medications, if any, used by the employee within the past 72 hours. Upon a positive test result, this list will be provided to the laboratory to determine whether the positive test was due to the lawful use of any of the listed medications. After receiving notice of a confirmed positive test result, an employee may request, in writing, a hearing conducted by an official who did not take part in the initial decision to require the test. Employees may be represented by legal counsel, present evidence and witnesses on their behalf, and confront and cross examine any witnesses testifying against them at the hearing.

I hereby consent to testing in accordance with the City of West Memphis Drug Testing Policy and Procedures.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_