



# CITY OF FAIRMONT

CITY/COUNTY COMPLEX  
P.O. Box 1428  
200 Jackson Street  
Fairmont, West Virginia 26555-1428  
(304) 366-6211  
(304) 366-0228 FAX  
www.fairmontwv.gov

TO: All Firefighter Candidates

FROM: Janet Keller, City Clerk

SUBJECT: Firefighter Application and Informational Packet

DATE: October 3, 2018

The City of Fairmont is accepting applications for the position of Firefighter. The following information will be required at the time of filing your application for the position of Firefighter:

- 1) Civil Service Application
- 2) Copy of Birth Certificate
- 3) Copy of Driver's License
- 4) Copy of High School Diploma or GED or High School Transcripts
- 5) Current Photo (individual photograph)
- 6) Medical Release Form for Physical Ability Test
- 7) Release of Liability Form
- 8) Military DD214 (if applicable)

Enclosed is a copy of the Requirements for Employment, Job Application, Duties and Responsibilities, Release of Liability Form, Medical Release Form, and a copy of the Physical Ability Exam with an Instruction Sheet.

All applications and required information are to be returned to the City Clerk's Office, Room 312, J. Harper Meredith Building, by 12:00 p.m., noon, on Friday, December 14, 2018 in order to take the written exam and physical ability test on Thursday, January 10, 2019.

**Please note that once you return your application and other required information, you will be eligible to take the written exam and physical ability test on Thursday, January 10, 2019 at 8:30 a.m. at Fairmont State University. Please report to Conference Room #2 on the Third Floor of the Falcon Center for the written exam. The physical ability test will be held at the Colebank Gym immediately after the written exam.**

Free parking will be available for all applicants in the Fairmont State University parking garage. Please enter the parking garage from the Bryant Street entrance off Locust Avenue.

If you have any questions or need additional information, please feel free to contact me at 304-366-6212, ext. 329. Thank you for your interest in becoming a City of Fairmont firefighter.

**CITY OF FAIRMONT  
FIREFIGHTER**

NOTICE IS HEREBY GIVEN that applications will be accepted for the position of Firefighter for the City of Fairmont Fire Department.

**Requirements for Applicants:**

1. Must be between the age of 18 and 35 on the date of application;
2. Must possess a valid driver's license;
3. Must have a high school diploma or GED;
4. Must within one year of the date of appointment establish and maintain permanent residence within 15 air miles of the Marion County Courthouse;
5. Must successfully complete and pass various mandatory examinations.

Applications and informational packets may be obtained at the Office of the City Clerk, Room 312, J. Harper Meredith Building, 200 Jackson Street, Fairmont, West Virginia between 9:00 a.m., Monday, October 8, 2018 and 12:00 p.m., noon, Friday, December 14, 2018. The last day applications will be accepted is 12:00 p.m., noon, on Friday, December 14, 2018. The physical ability test and written exam will be given on Thursday, January 10, 2019.

Janet L. Keller  
City Clerk

PUBLISH: October 7 and November 4, 2018

# INFORMATIONAL SHEET

## FAIRMONT FIRE DEPARTMENT

### REQUIREMENTS FOR EMPLOYMENT

- AGE: Candidate must be at least eighteen (18) years of age and not more than thirty-five (35) years of age at date of application
- CITIZENSHIP: United States of America
- EDUCATION: High School Diploma or GED
- RESIDENCY: Candidate for continued employment must establish and maintain a permanent residence within 15 air miles of the pinnacle of the dome of the Marion County Courthouse located at 211 Adams Street, City of Fairmont, Marion County, West Virginia in accordance to City Ordinance #1718.
- TELEPHONE: Candidate appointed to the fire department shall maintain a telephone and provide their shift captain and fire chief with a current telephone number. This telephone number will be listed at the Marion County Department of Homeland Security Dispatch Center for emergency call out purposes when off duty.
- MANDATORY EXAMINATIONS: **Must successfully complete and pass the following:**
- Complete and submit application for position
  - Written Firefighter Civil Service Examination
  - Background Investigation
  - Personal Interview
  - Medical Examinations (medical requirements as per NFPA 1582, *Standard on Comprehensive Occupational Medical Program for Fire Departments* as amended and updated year to year)
  - Physical Ability Test
  - Psychological Examination
  - Maintain valid West Virginia Driver's License

**PERSONNEL BENEFITS** (Subject to change)

- Starting pay \$35,869 - after one (1) year \$36,499
- Shift differential
- Longevity
- Paid vacation (2-6 weeks depending on years of service)
- Accrued paid sick days
- Paid holidays
- Health/Life Insurance (Employee pays 20% of PEIA Plan B plus any additional coverage employee would choose)
- Credit Union
- Uniform and protective clothing provided
- State Civil Service coverage
- Advancement through Civil Service examination and promotions
- Municipal Police Officers and Firefighters Retirement System
- On-going training
- Special training: includes, but not limited to: hazardous materials, confined space rescue, first-aid and CPR, rappelling, etc.

**FIRE CIVIL SERVICE COMMISSION  
CITY OF FAIRMONT, WEST VIRGINIA**

**FIREFIGHTER APPLICATION**

(Use typewriter or print in ink)

(FCSC 11/17)

1. Full Name: \_\_\_\_\_

(a) What nicknames or other names are you known by or have you used in the past?

\_\_\_\_\_

2. Present Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(a) How long at this address: \_\_\_\_\_

3. Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_  
(Cell) \_\_\_\_\_

Email address: \_\_\_\_\_

4. Give all residential addresses for the past three (3) years:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Are you a United States citizen? Yes \_\_\_\_\_ No \_\_\_\_\_

6. Age: \_\_\_\_\_

7. Place of Birth: \_\_\_\_\_

8. Date of Birth: \_\_\_\_\_

9. Social Security Number: \_\_\_\_\_

10. To the best of your knowledge, are you in good health and physically capable of performing the duties of a firefighter? Yes \_\_\_\_\_ No \_\_\_\_\_

11. Beginning with your present or most recent employer, please provide us a complete record of all employment for the past three (3) years. (Include service in the armed forces, if applicable). Show all periods of unemployment. If former employers are out of business, so state. If you were in business for yourself, give nature of business and location. Be accurate showing all periods of the last three (3) years. If you do not have sufficient space to give a complete employment record, attach an additional sheet and continue.

EMPLOYER: _____ FROM _____ TO _____
ADDRESS: _____
POSITION HELD: _____ PHONE: _____
REASON FOR LEAVING: _____
SUPERVISOR: _____

EMPLOYER: _____ FROM _____ TO _____
ADDRESS: _____
POSITION HELD: _____ PHONE: _____
REASON FOR LEAVING: _____
SUPERVISOR: _____

EMPLOYER: _____ FROM _____ TO _____
ADDRESS: _____
POSITION HELD: _____ PHONE: _____
REASON FOR LEAVING: _____
SUPERVISOR: _____

EMPLOYER: \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

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

POSITION HELD: \_\_\_\_\_ PHONE: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

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

POSITION HELD: \_\_\_\_\_ PHONE: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_

(You may continue this listing on an attached sheet. You must list all previous employments, including temporary and part-time work)

12. If you intend to rely on the **Veteran's Preference Points**, attach proof that (a) you have been honorably discharged from the United States Armed Forces OR (b) that you are a bona fide member of the United States Military Reserves or National Guard and have completed military basic training prior to the date of the test.

Do you intend to rely on Veteran's Preference Points? Yes \_\_\_\_\_ No \_\_\_\_\_

13. Do you have a valid driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_

14. If so, what is your driver's license number? \_\_\_\_\_ State \_\_\_\_\_

**NOTICE:**

- (1) You will be required to present positive proof of identification at the time the test is given;  
 (2) Additional information and testing will be required if you advance to later stages of the selection process.

**ALL APPLICANTS MUST SIGN THE FOLLOWING CERTIFICATE:**

I certify that all of the foregoing information is true and accurate. I am aware that should an investigation disclose misrepresentations or falsifications, the Commission may refuse to examine me or to certify me as eligible, I may be rejected by the Appointing Officer, I may be terminated if I have already been hired, and I will be disqualified from applying in the future for any position with the City of Fairmont.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

STATE OF WEST VIRGINIA  
COUNTY OF \_\_\_\_\_, TO-WIT:

\_\_\_\_\_, the applicant in the foregoing application, being duly sworn by me, affirms that the statements and facts contained in the foregoing application are true and to the best of his/her knowledge.

GIVEN UNDER MY HAND AND OFFICIAL SEAL this \_\_\_\_\_ day of

\_\_\_\_\_, \_\_\_\_\_.

MY COMMISSION EXPIRES: \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

**IF YOUR ADDRESS OR PHONE NUMBER CHANGES AFTER FILING THIS APPLICATION,  
PLEASE NOTIFY THE CITY CLERK OF SUCH CHANGE**



**PLEASE ATTACH A CURRENT PHOTO OF YOURSELF ON THIS PAGE. THE PHOTO CANNOT HAVE ANYONE ELSE IN THE PICTURE WITH YOU. THE PHOTO WILL REMAIN ON FILE WITH YOUR APPLICATION AND WILL NOT BE RETURNED.**

**CITY OF FAIRMONT  
FAIRMONT, WEST VIRGINIA**

**FIRE DEPARTMENT  
GENERAL DUTIES and EXPECTATIONS**

- The employee is expected to protect lives, property, and the environment through: fire suppression, emergency medical and rescue services, fire prevention, public education, and disaster management.
- The employee is expected to work a schedule that includes working a twenty-four (24) hour shift, from 8:00 a.m. to 8:00 a.m., followed by twenty-four (24) hours off with an average work week of 56 hours.
- The employee shall be certified that he/she meets or exceeds the National Fire Protection Association Standards No. 1001 as amended and updated from year to year.
- The employee shall enroll and complete the requirements as registered with the Bureau of Apprenticeship and Training of the United States Department of Labor, for the craft of firefighting.
- The employee may be called to duty on his/her regularly scheduled day off before, during, or after: a catastrophic event, a large fire, a disaster, or any other serious emergency.
- The employee is expected to perform tasks at various heights, including (but not limited to): from ground ladders, from aerial ladder/platforms of 100' or greater in height, and from ropes at heights of +/- 200' or greater.
- The employee, when given proper protective equipment, is expected to perform dangerous, life threatening tasks for extended periods of time while exposed to varying atmospheric conditions.
- The employee is expected to endure physical and emotional stresses related to firefighting, rescue, medical emergencies or other emergency situations.
- The employee is expected to familiarize him/her self with the location of all streets, fire hydrants, and construction types in the City of Fairmont.
- The employee is expected to drive and operate emergency vehicles of various types and sizes.
- The employee is expected to operate various types of hand and power equipment while performing firefighting tasks.
- The employee is expected to become certified at an Emergency Medical Responder or higher level of medical certification.

- The employee is expected to operate both as a member of a team and independently at incidents of uncertain duration.
- The employee is expected to tolerate extreme fluctuations in temperature while completing physically and mentally demanding tasks in extreme temperatures (up to 572 degrees F) and humid atmospheres (up to 100% humidity) while wearing equipment that significantly impairs body-cooling mechanisms.
- The employee will experience frequent transition from hot-to-cold, cold-to-hot, humid-to-dry, and dry-to-humid atmospheres.
- The employee will be expected to perform tasks, when given proper protective equipment, in environments where there is risk of sustaining traumatic and/or thermal injuries.
- The employee will, when given proper protective equipment, perform tasks in environments containing, (but not limited to): carcinogenic dusts (e.g., asbestos), toxic substances (e.g., hydrogen cyanide, various acids, and carbon monoxide), infectious agents (e.g., Hepatitis B, HIV), and various organic solvents).
- The employee is expected to perform physically demanding tasks while wearing positive pressure breathing equipment with 1.5 inches of water column resistance to exhalation at a flow of 40 liters per minute.
- The employee is expected to perform complex tasks that require sustained physical activity (while wearing personal protective equipment that weighs approximately 50 pounds) and mental concentration during life-threatening emergencies for extended time periods.
- The employee is expected to make critical life or death decisions to maintain personal safety and protect the public in what is often a confused, chaotic and potentially life-threatening environment during an emergency event.
- The employee will experience grotesque sights (e.g., severe traumatic injuries and disfigured bodies) and noxious odors while fulfilling the Fairmont Fire Department's mission.
- The employee is expected to rapidly transition from rest to near maximal exertion without warm-up periods.
- The employee is expected to perform tasks: in environments with high noise and poor visibility, with limited mobility, at extreme heights, in enclosed or confined spaces, and in or on open or swift water.
- The employee is required to comply with the City of Fairmont Personnel Rules and Regulations, Code of Ethics of the City of Fairmont and Rules and Regulations governing the Fire Department.

The above list is not a complete description of a firefighter's duties, but is intended only to give the candidate an idea of what will be expected of him/her.

**FAIRMONT FIRE DEPARTMENT**  
**INSTRUCTION SHEET FOR**  
**PROBATIONARY FIREFIGHTER PHYSICAL ABILITY TEST**

The City of Fairmont Fire Department's Probationary Firefighter Physical Ability Test is physically and mentally challenging. The testing stations have been specifically designed to fairly evaluate the candidates' talent, ability and capacity to perform a few of the most critical firefighting tasks essential to the firefighting profession.

Firefighters are required to perform at extraordinary levels both physically and mentally. Due to the high levels of stress present in firefighting, it is necessary to evaluate the candidates' physical and mental abilities. It is the endeavor of the Fire Civil Service Commission and the City of Fairmont Fire Department to ensure all candidates are evaluated using a job applicable ability testing system.

All candidates will be evaluated at testing stations that will simulate the physical and mental challenges that could be encountered by the candidates if they were appointed as probationary firefighters.

**All candidates that arrive late will not be allowed to test. There will not be a make-up day for those that fail to show up.**

- Athletic shoes and comfortable clothing are suggested for use during the testing.
  - All candidates will start and finish the stations of the physical ability test in the same order.
  - Conversations between post-test candidates and pre-test candidates will not be permitted for obvious reasons.
  - Candidates will be introduced to the testing stations prior to the start of actual testing.
  - Candidates shall not ask or expect to have answered any question(s) that concern the testing that cannot be heard by the entire test group. Strict attention is required while instructions are being given. Instructions and demonstrations will only be given once.
  - Any candidate that attempts to complete a station using techniques other than those described or demonstrated by the monitors will be stopped and required to start that station over after receiving corrective instructions.
  - Stations 1 and 2 are Pass/Fail stations. If either of these stations are failed, the candidate will have failed the entire physical ability test and will be asked to leave.
  - Stations 3 thru 7 are timed stations and are competitively scored. If two (2) max times are exceeded, the candidate will have failed the entire physical ability test and will be asked to leave.
- The candidate will also wear an SCBA with air cylinder, weighing a total of approximately 30 lbs., for all stations, except the mile run.

**CITY OF FAIRMONT  
FAIRMONT, WEST VIRGINIA  
FIRE DEPARTMENT**

**PROBATIONARY FIREFIGHTER  
PHYSICAL ABILITY TEST**

**STATION 1 - LADDER CLIMB**

**PURPOSE:** Determines the candidate's ability to function from heights.

**EQUIPMENT:**

- 30 lb. SCBA air pack

**MONITORS:** Two (2)

**PROCEDURE:** The candidate will climb a 24' extension ladder approximately 10' up and down wearing a 30 lb. SCBA air pack.

**MAX. TIME:** PASS/FAIL

**STATION 2 - CONFINED SPACE**

**PURPOSE:** Determines the candidate's ability to function in a zero visibility environment.

**EQUIPMENT:**

- Five (5)- blackened SCBA masks in assorted sizes
- Bucket of sanitized solution for masks
- One (1)- roll of masking tape to indicate starting line
- Two (2)- 2 ½" sections of hose laid out in a maze
- 30 lb. SCBA air pack

**MONITORS:** One (1)

**PROCEDURE:** Candidate will be sized with an air mask. On hands and knees, the candidate will follow the course indicated by the sections of hose previously laid out

**NOTE:** Monitors shall ensure the candidate follows the indicated course

**PASS/FAIL-** If the candidate's air mask is pulled off any time before completing exercise, the candidate fails the station.

### **STATION 3 - HOSE CARRY/STAIR CLIMB**

**PURPOSE:** Tests the candidate's ability to carry fireground equipment while ascending and descending stairs which are essential functions of fire suppression personnel.

**EQUIPMENT:**

- Two (2) sections 2 1/2" hose
- 30 lb. SCBA air pack

**MONITORS:** Two (2)

**PROCEDURE:** Start line will be indicated and two sections of 2 1/2" hose will be placed on the starting line. The monitor will give a signal to start. The candidate will pick up one section of hose in each hand and ascend and descend a series of stairs (at least two stories) while carrying the hose. No running is allowed and the candidate **must touch every step**. Monitors will ensure the candidate follows the indicated course and touches every step.

**MAX. TIME:** 56 SECONDS

### **STATION 4 - ROOF VENTILATION AND FORCIBLE ENTRY**

**PURPOSE:** Tests the candidate's ability to force entry into a building and/or ventilating roofs, which are essential functions for fire suppression personnel for use of human powered equipment such as axes and sledge hammers.

**EQUIPMENT:**

- 9 lb. shot hammer
- Force machine (simulator sled)
- 30 lb. SCBA air pack

**MONITORS:** Two (2)

**PROCEDURE:** The candidate will move briskly without running to the simulator. The candidate will place his or her feet in the indicated areas. A 9 lb. shot hammer will be placed standing on its head in an indicated area. The candidate will begin the exercise at will. No start signal will be given. The monitors will observe the movement of the sled and stop the candidate when the exercise is completed.

**NOTE:** The monitors will be nearby, but out of the way of any possible swing of the hammer. An opportunity to swing the hammer will be given to each candidate prior to the exercise.

**MAX. TIME:** 47 SECONDS

## **STATION 5 - DUMMY DRAG**

**PURPOSE:** Tests the candidate's strength, stamina and balance by simulating his/her ability to rapidly drag an unconscious victim from a hostile environment.

**EQUIPMENT:**

- Adult proportioned dummy weighing approximately 150-165 pounds
- Three (3) traffic cones
- 50' out and back path way
- 30 lb. SCBA air pack

**MONITORS:** Two (2)

**PREPARATION:**

- Indicate a start/finish line
- Lay/place the dummy on the floor at the start/finish line
- Monitor will be stationed at the start/finish line and will have the dummy placed on its back with limbs extended

**NOTE:** Prior to timed testing, candidates will be given the opportunity to lift dummy

**PROCEDURE:**

1. Candidate will lift the dummy using the techniques described by the monitor
2. Candidate will drag the dummy on the out and back course and timing will start and stop at the start/finish line
3. Monitors will assure proper techniques have been used and that the course has been followed

**MAX. TIME:** 55 SECONDS

## **STATION 6 - HOISTING**

**PURPOSE:** Tests the candidate's ability to perform a number of firefighter tasks that require pulling or hoisting; such as hoisting firefighting equipment (hose, fans, ladders, etc.) or pulling a rope as a member of a technical rescue haul team

**EQUIPMENT:**

- One (1) section of 2 1/2" hose
- Rope
- 30 lb. SCBA air pack

**MONITORS:** Two (2)

**PREPARATION:** The candidate will position them self in the area indicated on the landing

**PROCEDURE:** At the indicated area on the landing, using a hand-over-hand motion, the candidate will pull a rope tied to a 50'-section of 2 ½" hose over the railing or the wall and lay the hose on the floor of the landing.

**MAX. TIME:** 15 SECONDS

### **STATION 7 - ONE MILE RUN**

**PURPOSE:** Tests the candidate's aerobic capacity, lower body muscular endurance and ability to balance.

**EQUIPMENT:** None

**MONITORS:** As needed

**PROCEDURE:** Candidates will be required to run one mile.

**MAX TIME:** 12 MINUTES



## MEDICAL RELEASE FORM

Before being permitted to take the physical ability exam, candidates must have a release form signed by a certified licensed medical physician.

On this \_\_\_\_\_ day of \_\_\_\_\_, 2018, the applicant,  
\_\_\_\_\_, presented this document for my inspection and signature. It is my opinion that the applicant is physically fit to perform the physical ability examination as described in the attached documents.

\_\_\_\_\_, M.D.  
SIGNATURE OF EXAMINING PHYSICIAN

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
PHONE NUMBER

## RELEASE OF LIABILITY

### **KNOWN ALL MEN BY THESE PRESENTS:**

**WHEREAS**, the undersigned, having met the statutory eligibility requirements, is an applicant for an original appointment for the position of probationary firefighter with the City of Fairmont Fire Department;

**WHEREAS**, the undersigned has seen, been given an opportunity to and has read and fully understands and comprehends the ability examination described on the attached documents and what is expected of him/her;

**WHEREAS**, the undersigned has presented a signed medical release form which provides that in the opinion of the examining physician that the undersigned is physically fit and able to perform said ability examination;

**WHEREAS**, the undersigned is aware that material physical, mental and emotional risks, including the risk of serious bodily injury and the possibility of death, are present and associated with taking said ability examination;

**WHEREAS**, the undersigned represents that he/she knows of no mental, physical or emotional limitation, reason or factor which would preclude or exclude him/her from taking said ability examination and that the undersigned is of sound mind and possesses the required stamina, strength and ability to participate fully in said ability examination.

**NOW, THEREFORE, THIS RELEASE WITNESSETH:** That for and in consideration of the above premises, I, the undersigned, do hereby assume all risks associated with participating fully in the ability examination described in the attached documents, including, the risk of serious bodily injury and the possibility of death, or any other loss to me from whatever causes arising, or resulting from my full participation in said test and I, the undersigned for myself, my executors, administrators, heirs and assigns hereby release, remise, acquit and forever discharge the CITY OF FAIRMONT, its agents, employees, officers, departments, including the Fire Department, agencies, insurers, attorneys, and successors and assigns, of and from any and all claims, demands, rights, liabilities, damages, suits, and actions, of any kind or nature whatsoever, compensatory or punitive, known or unknown, foreseen or unforeseen, liquidated or unliquidated, fixed or contingent, present or future, direct or incidental, and the consequences thereof, including but not limited to all claims and demands for compensatory damages, and any all punitive damages relating to or existing as a result of or arising out of the administration, design, instruction, and/or performance of the aforementioned ability examination or resulting from any matters connected therewith in any manner whatsoever.

The undersigned further declares and represents that in making this release, he/she has been provided with the opportunity to consult with counsel of choice, that he/she has consulted with counsel of choice or has chosen not to consult with counsel and relies solely upon his/her own judgment, belief and knowledge of the nature of the aforementioned ability examination and the possibility, extent, effect and duration of the potential damages and liability and that this release is made without reliance

upon any statement or representation of the party released, its agents, employees, officers, attorneys, insurers or other representatives.

The undersigned further declares and represents that no promise, inducement or agreement not herein expressed has been made; that this release contains the entire agreement; and that the terms of this release are contractual and not a mere recital.

The undersigned has read the foregoing release and fully understands it and has hereunto subscribed his/her name on this the \_\_\_\_\_ day of \_\_\_\_\_, 2018.

\_\_\_\_\_  
Signature

Print Name: \_\_\_\_\_

STATE OF WEST VIRGINIA  
COUNTY OF MARION, to wit:

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 2018, by \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires:  
\_\_\_\_\_

Notary Seal: