



**FIRE DEPARTMENT
115 WEST KENTUCKY
ANADARKO, OKLAHOMA 73005
405-247-3871**

FULLTIME FIREFIGHTER/EMT

MUST BE 18 YEARS OF AGE.

MUST HAVE A HIGH SCHOOL DIPLOMA OR EQUIVALENT.

MUST MAINTAIN A VALID OKLAHOMA STATE DRIVERS LICENSE AND A DRIVING RECORD ACCEPTABLE TO THE CITY'S INSURANCE CARRIER.

MUST BE A CERTIFIED FIRE FIGHTER 1 AND EMT-B WITHIN ONE YEAR PROBATIONARY PERIOD, FROM DATE OF HIRE.

MUST PASS THE ANADARKO FIRE DEPARTMENT WRITTEN EXAMINATIONS.

MUST PASS THE OKLAHOMA STATE FIREFIGHTERS PENSION AGILITY TESTING.

MUST PASS OKLAHOMA STATE FIREFIGHTERS PENSION PHYSICAL EXAMINATIONS

TESTING PROCESS:

ANY APPLICANT APPLYING FOR A FULL TIME FIREFIGHTERS POSITION WILL HAVE TO PRODUCE A VALID OK DRIVERS LICENSE AND HIGH SCHOOL DIPLOMA OR EQUIVALENT ON THE DAY OF TESTING.

A. THE APPLICANT SHALL BE GIVEN A TWENTY-FIVE (25) QUESTION, GENERAL KNOWLEDGE, WRITTEN TEST. A SCORE OF AT LEAST SEVENTY (70) PERCENT MUST BE ACHIEVED IN ORDER TO ADVANCE IN THE HIRING PROCESS.

B. THE APPLICANT SHALL BE GIVEN A PHYSICAL AGILITY/PERFORMANCE TEST. THE APPLICANT MUST PASS ALL SIX (6) FUNCTIONS OF THE PHYSICAL AGILITY/PERFORMANCE TEST. THE SIX (6) FUNCTIONS ARE AS FOLLOWS:

- 1. THE FULL TIME FIREFIGHTER CANDIDATE SHALL RUN ONE AND ONE HALF (1 ½) MILES IN THIRTEEN (13) MINUTES.**
- 2. THE CANDIDATE SHALL PERFORM THIRTY-FIVE (35) BENT KNEE SIT-UPS WITHIN TWO (2) MINUTES.**
- 3. THE CANDIDATE SHALL PERFORM A MINIMUM OF TWENTY-FIVE (25) STANDARD PUSH-UPS.**
- 4. THE CANDIDATE SHALL WALK A THREE TO FOUR (3 TO 4) INCH BEAM, TWENTY (20) FEET LONG, CARRYING A FIFTY (50) FOOT SECTION OF**

ONE AND HALF (1 ½) INCH HOSE THE LENGTH OF THE BEAM WITHOUT FALLING OR STEPPING OFF.

- 5. THE CANDIDATE SHALL LIFT FROM THE FLOOR AND CARRY THE WEIGHT OF ONE HUNDRED AND TWENTY-FIVE (125) POUNDS, ONE HUNDRED (150) FEET WITHOUT STOPPING.**
- 6. THE CANDIDATE SHALL, STARTING FROM AN ERECT POSITION WITH FEET APART APPROXIMATELY SHOULDER WIDTH, MOVE A FIFTEEN (15) POUND WEIGHT IN THE FOLLOWING MANNER:**

WITH THE WEIGHT ON THE FLOOR BETWEEN THE FEET, BENT OVER WITHOUT BENDING THE KNEES, GRASP THE WEIGHT WITH BOTH HANDS AND LIFT THE WEIGHT TO WAIST LEVEL AND WITHOUT LETTING GO TOUCH IT TO THE FLOOR APPROXIMATELY TWELVE (12) INCHES OUTSIDE THE RIGHT FOOT. Repeat these maneuvers seven (7) times to each side for a total of fourteen (14) moves. This shall be done in less than thirty-five (35) seconds.

STATEMENT OF UNDERSTANDING

I _____ UNDERSTAND THAT I MUST PASS BOTH THE WRITTEN EXAM AND THE PHYSICAL AGILITY/PERFORMANCE TEST IN ORDER TO ADVANCE IN THE HIRING PROCESS.

SIGNATURE

DATE

WITNESS

DATE

Oklahoma Firefighters Pension and Retirement System

4545 N. Lincoln Blvd., Suite 265
Oklahoma City, Oklahoma 73105-3407
1-800-525-7461 · (405) 522-4600 · Fax (405) 522-4643
www.okfirepen.state.ok.us

WAIVER AND RELEASE

I, _____, having filed an application to participate in examinations to be held for the position of an eligible Firefighter for the ANADARKO Fire Department and participation in the Oklahoma Firefighters Pension and Retirement System. Having been advised that as part of these examinations, it will be necessary for me to demonstrate my strength, endurance, and physical ability in a series of tests, do hereby and in consideration of the City or Fire Protection District of ANADARKO, Oklahoma, having permitted me to participate in the Department of the City of ANADARKO, and the Oklahoma Firefighters Pension and Retirement System, do release these entities from any and all claims whatsoever which might occur or arise as a result of any injury or damage that I may sustain as a result of participating in such examinations. I make this release for myself, my heirs, executors, and administrators and do hereby release the participating employer, local pension board, and the Oklahoma Firefighters Pension and Retirement System as well as its employees or agents from any or all liability for damages incurred as a result of these tests.

(Applicant writes in his/her own hand: "I certify that I have read the foregoing Waiver and Release and understand it's provisions.")

Signature of Applicant

DATE

SS: # _____

NOTE: Applicant must read, write the "statement" legibly, and sign, in order to participate in the PHYSICAL PERFORMANCE/ AGILITY TEST.

PHYSICIAN RELEASE

I, _____, do certify that I am a physician, duly licensed by the laws of the State of Oklahoma, and that as such, I have examined the applicant and reviewed the physical performance/agility test, and find applicant (to be/ not to be) physically able to perform said physical performance/agility test.

Date

Signature of Physician

NOTE: Although the physician's release is optional, applicant is strongly advised to obtain said release.

Oklahoma Firefighters Pension and Retirement System

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Oklahoma City, Oklahoma 73105-3407
1-800-525-7461 · (405) 522-4600 · Fax (405) 522-4643
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MINIMUM PHYSICAL PERFORMANCE TEST/AGILITY

Date _____

Candidate Name _____ SS# _____

The candidate shall be required to complete and pass a minimum physical performance or agility test. The requirements for the test may be incorporated into actual essential job functions test, if equivalent to the requirements listed below and with prior approval by the State Pension Board of the performance test. The candidate must sign Form 10, a Waiver and Release of any and all liability from injuries incurred as a result of the physical performance test. There shall be a minimum of six functions that shall be verified when the candidate is tested. The pass-fail test shall be part of the candidate's pension records. (Form 9)

The Candidate shall complete one of the following:

Check One:

1.
 - (a) _____ Run 1 1/2 miles within 13 minutes.
 - (b) _____ Walk 3 miles within 38 minutes.
 - (c) _____ Bicycle 4 miles within 12 Minutes
 - (d) _____ Swim 500 yards within 8 minutes and 20 seconds.
 - (e) _____ Run in place 75 steps per minute for 15 minutes.
 - (f) _____ Run on motorized horizontal treadmill at 10 miles per hour for 6 minutes.
 - (g) _____ Climb stairs consisting of 10 steps at 9 round trips per minute for 9 minutes.

Time: _____ Pass/Fail _____

Comments: _____

2. The Candidate shall perform 35 bent-knee sit-ups within 2 minutes.

Time: _____ Pass/Fail _____

3. The Candidate shall complete one of the following:
 - (a) Flexed arm hang-minimum time: 8 seconds (palms away)
 - (b) Pull-ups minimum: 7 (palms away)
 - (c) Push-ups (standard) - minimum: 25

Time: _____ Pass/Fail _____

Comments: _____

4. The candidate, given a beam secured to a level floor and measuring 20 ft. (6m) long by 3 to 4 in. (76 to 102mm) wide and given a length of fire hose weighing at least 20 lb. (9 kg.), shall walk the length of the beam, carrying the length of hose, without falling off, or stepping off the beam.

Pass/Fail _____

Comments: _____

5. The candidate, given a weight of 125 lb. (57 kg.) shall lift the weight from the floor and carry the weight 100 ft. (305m) without stopping.

Pass/Fail _____

Comments: _____

6. The candidate, starting from an erect position with feet apart, the distance approximately shoulder width, shall move a 15 lb (7kg.) weight in the following manner: bend over, grasp the weight with both hands while it is at a point on the floor between the feet, and lift weight to waist level, then place the weight on the floor approximately 12 in. (305 mm) outside the right foot. The weight shall then be moved alternately in the fashion from left foot to waist level, to right; right to waist level to left until it has been moved 7 times in each direction with the total horizontal distance of travel being at least 21 in. (610 mm) more than the space between the feet for each of the 14 moves. This shall be done in less than 35 seconds.

Pass/Fail _____

Comments: _____

Individual Giving Test _____

Employed By: _____

Position: _____

We the undersigned have read the Physical/Agility Test requirements for fire service candidates. We have witnessed the

foregoing agility test of _____, and hereby certify the candidate has Passed/Failed the agility test. _____

Witness: _____ Witness: _____

Employed By: _____ Employed By: _____

Position _____ Position _____

Fire Chief

State of Oklahoma)
)SS.
)

County of _____

The foregoing instrument was acknowledged before me this __ day of _____, ____

By _____,

My commission expires _____ Notary Public _____



To obtain a background check you will need to provide the following information;

Name _____
Last First Middle

Alias _____

Date of Birth _____

Race _____ **Sex** _____ **SS#** _____



CITY OF ANADARKO

Employment Application

Human Resource Department
 501 West Virginia Ave.
 PO Box 647
 Anadarko, OK 73005
 Phone: 405-247-2481
 Fax: 405-247-5903
 Website: www.cityofanadarko.org

An Equal Opportunity Employer

Applicant Information

Full Name:						Date:				
<i>Last</i>				<i>First</i>		<i>M.I.</i>				
Address:										
<i>Street Address</i>						<i>Apartment/Unit #</i>				
CITY:										
<i>City</i>						<i>State</i>		<i>ZIP Code</i>		
Phone:	()			E-mail Address:						
Date Available:						Desired Salary:		\$		
Position Applied for:										
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you ever worked for the City?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?						
Have you been convicted of a felony in the last 7 years?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you hold a valid OK driver license? YES <input type="checkbox"/> NO <input type="checkbox"/>						
If yes, explain:		If yes give type and number:								
Are you related to any City employee or any member of the City Council? If yes give name. Yes <input type="checkbox"/> NO <input type="checkbox"/>										
If you are under 18 years old, can you provide proof of your eligibility to work? Yes <input type="checkbox"/> No <input type="checkbox"/>										

Education

High School:				Address:					
From:		To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:		
College:				Address:					
From:		To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:		
Other:				Address:					
From:		To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:		

List any special or computer skills, certificates, licenses, or languages not mentioned or equipment you are qualified to operate:

Professional References

Please list three **professional** references.

Full Name:		Relationship:	
Company:		Phone:	()
Address:			

Full Name:		Relationship:	
Company:		Phone:	()
Address:			

Full Name:		Relationship:	
Company:		Phone:	()
Address:			

Current or Previous Employment

Company:		Phone:	()
Address:		Supervisor:	
Job Title:		Starting Salary: \$	Ending Salary: \$
Responsibilities:			
From:		To:	
Reason for Leaving:			
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

Company:		Phone:	()
Address:		Supervisor:	
Job Title:		Starting Salary: \$	Ending Salary: \$
Responsibilities:			
From:		To:	
Reason for Leaving:			
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

Company:		Phone:	()
Address:		Supervisor:	
Job Title:		Starting Salary: \$	Ending Salary: \$
Responsibilities:			
From:		To:	
Reason for Leaving:			
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

Military Service			
Branch:		From:	To:
Rank at Discharge:		Type of Discharge:	
If other than honorable, explain:			

Disclaimer and Signature

DRUG SCREEN INFORMATION

To assist in providing a drug free workplace, the CITY OF ANADARKO has a mandatory drug screen program for job applicants who are offered employment. All job offers are subject to a negative drug screen. If you are offered employment by the City department or division, you will be required to provide a urinalysis sample for drug screen purposes. The screen will be to identify the presence of controlled or other prohibited substances. Failure of the drug screen will result in denial of employment. Additional information on this program may be obtained by submitting a written inquiry to: Human Resources Director, CITY OF ANADARKO, 501 W Virginia Ave, Anadarko, OK 73005.

I certify that my answers are true and complete to the best of my knowledge. I hereby grant to the CITY OF ANADARKO permission to investigate any information included in the application and I agree to submit to medical examination, background checks and drug screening, if required. I understand that this application is not a contract for employment.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I acknowledge that I have read and understand this agreement.

Signature:		Date:	
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VOLUNTARY AFFIRMATIVE ACTION SURVEY

Voluntary Applicant Survey

The City of Anadarko adheres to the equal employment opportunity guidelines set forth by state and federal laws. This information is sought in good faith and is for analysis of affirmative action only. Submission of this information is confidential and will be removed immediately upon receipt of this application. Qualified applicants are considered for positions without regard to race, color, religion, sex, national origin, age, disability, martial or veteran status.

Date of Birth _____ Sex M____ FM____
(MM/DD/YYYY)

Race/Ethnic Group:

- White
- African-American
- Hispanic
- American Indian/Alaskan Native
- Asian/Pacific Islander
- Other/Two or More Races

Check any of the following that are applicable:

- Vietnam or Desert Storm Era Veteran
- Disabled Veteran
- Handicapped Individual

Position Desired _____

THIS INFORMATION IS STRICTLY VOLUNTARY