



City of Kingfisher

301 N. Main St.
Kingfisher, OK 73750

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Do you have a valid drivers license?.: _____ Desired Salary:\$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for the City? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO Are you related to any City employee or Elected Official? _____

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____ Email: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____ Email: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____ Email: _____

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 NO

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 NO

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 NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____ Rentry Code: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

I hereby grant permission to the City of Kingfisher to investigate any information included in the application. I understand that this application is not a contract of employment nor an offer of employment. I hereby release the City of Kingfisher and all agents thereof from all liability in making any investigation and inquiry relative to information contained in this application form. Successful candidates will be required to pass a pre-employment drug screening prior to offer of employment.

Signature: _____ Date: _____

The City of Kingfisher is an Equal Opportunity Employer. The City does not discriminate on the basis of race, color, religion, age, sex, national origin, marital status, disability, genetic information, sexual orientation, gender identity or expression, or any other reason prohibited by law.

KINGFISHER FIRE/EMS SUPPLEMENTAL APPLICATION



Current level of Medical Certification held in Oklahoma:
State of Oklahoma Department of Health Certification Number:

National Registry of Emergency Medical Technician License Number:
If from other than Oklahoma, which state:

Are you currently attending EMT training ?
Type/Level of Training:
Name of Training Institute:
Estimated Completion Date:

Are you currently testing for EMT Certification?
If yes, level testing for:
Estimated Completion Date:

List your employment and experience in the EMS/Medical field:

Have you worked with another Fire or EMS Service in any capacity?
Please list the department, your duties, time(s) of service, and training certificates held (copies of certifications may be included with your submitted application):

Have you ever been arrested for any type of crime?
If yes, please describe:

Do you have a valid driver's license?
License Number: _____ State: _____ Expiration Date: _____

Have you ever had your driver's revoked?
Have you ever been convicted of a DUI/DWI?

Applicant Signature

Date



Oklahoma Firefighters Pension and Retirement System

6601 Broadway Ext., Suite 100
Oklahoma City, Oklahoma 73116-8214
1-800-525-7461 · (405) 522-4600 · Fax (405) 522-4643
www.ok.gov/fprs



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