



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 FIREFIGHTER & EMS APPLICANTS

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

The City of Kingfisher does not discriminate on the basis of race, color, religion, sex, national origin, age (you must be between the age of 18 and not older than 45 years of age to qualify for employment), marital or veteran status, political affiliation, or any other legally protected status.

All information in this application will remain confidential and only be released to those with a need to know. However, it will be subject to extensive background examinations. Any false, misleading or incomplete statements will be considered grounds for rejections. Leave no blank spaces. In any questions does not apply to you, mark N/A (not applicable) in the space.

*Have you ever worked for the City of Kingfisher? _____. If yes, give date(s) and reason for leaving.

_____.

*Are you related to any city employee if any member of the City Council? _____ If yes, list name, department and relationship. _____

*Have you ever applied with this department before? _____. If yes, when _____

_____.

*Do you know any of the current fire department employees? _____ If yes, who

_____.

*Have you ever been arrested (not necessarily convicted) for any type of crime? _____ If yes, list dates, location and explanation.

_____.

*Have you or will you receive a discharge from the military duty under dishonorable conditions (Honorable, General, etc.)? _____ Type of discharge _____.

*Are you currently on probation for driving while intoxicated or any other traffic offense? If yes, explain

_____.

*Have you ever been convicted for driving under the influence of alcohol or drugs within the last ten(10) years?

*Have you ever had your driver's license revoked? _____. If yes, explain _____

_____.

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 license

revoked?

Have you ever been convicted of a DUI/DWI?

Applicant Signature

Date



STATEMENT OF TRUTHFULLNESS & PERMISSION TO INVESTIGATE

Date _____ Printed Full Name _____

READ CAREFULLY BEFORE SIGNING

I certify that I am the person named above and that the facts given in this application are true and complete to the best of my knowledge. In signing this statement, I do so with the understanding that the truthfulness of all statements herein will be investigate and if found incorrect, incomplete, or misleading, it may render me ineligible for employment as a Fire Fighter.

I hereby grant permission to the City of Kingfisher to investigate any information included in the application and I agree to submit to a state pension physical examination. I understand that this application is not a contract of employment. I hereby release the City and its agents from all liability I making any investigation and inquiry relative to information contained in the application form. I understand, that if employed, false or misleading statements given in the application and/or interview(s) may result in discharge. I understand that I am required to abide by all rules and regulations of the City.

I hereby authorize any City, County, State or Federal Agency or former employer or any individual listed in this application form to furnish to any member of the Kingfisher Fire Department any information concerning me necessary to process this application/questionnaire. A photostatic, faxed, email or hand delivered copy of this authorization shall be considered as valid as the original.

Date _____ Signature _____

Subscribed and sworn before me on this _____ day of _____, 20____.

My Commission Expires _____, 20_____.

Notary _____



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



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Oklahoma City, Oklahoma 73116-8214
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WAIVER AND RELEASE

I, _____, having filed an application to participate in examinations to be held for the position of an eligible Firefighter for the _____ 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 _____, Oklahoma, having permitted me to participate in the Department of the City of _____, 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 its provisions.")

Date

Signature of Applicant

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.