



**FIRE DEPARTMENT**

Applications accepted for posted positions ONLY.  
 A new application must be completed for each posting.  
 Completed applications must be returned to  
 City Hall, 215 N Broad St, 1st floor, Monroe, GA 30655

**EMPLOYMENT APPLICATION**

**AN EQUAL OPPORTUNITY EMPLOYER**

It is our policy to comply fully with all federal, state and local equal employment opportunity laws. This organization provides equal employment and advancement opportunities for all persons regardless of race, creed, sex, national origin, age, religion, disability, marital status, sexual orientation or any other classification protected by law.

**PLEASE TYPE OR PRINT CLEARLY IN INK**

If answers need more space than provided, there is additional space at the end of the application.

DATE			Are you a U.S. citizen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
NAME (As it appears on Social Security Card/Work Permit Card)	LAST	FIRST	MIDDLE OR MAIDEN		
SOCIAL SECURITY NUMBER					
ADDRESS					
CITY, STATE, ZIP					
EMAIL ADDRESS					
HOME PHONE					
DAYTIME PHONE					
CELL PHONE					
POSITION(S) APPLIED FOR					
SALARY REQUIREMENTS	\$				
WHEN WOULD YOU BE AVAILABLE TO START?					
REFERRED BY OR HOW YOU HEARD ABOUT OPENING?					
HAVE YOU EVER BEEN EMPLOYED BY THIS ORGANIZATION?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
DATES	DEPT	SUPERVISOR			
REASON FOR LEAVING					
HAVE YOU EVER BEEN FIRED OR ASKED TO RESIGN FROM A JOB?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, explain:					
ARE YOU AT LEAST 18 YEARS OLD?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
LIST OTHER NAMES YOU HAVE USED					
HAVE YOU EVER BEEN CONVICTED OF A FELONY? (A conviction will not necessarily disqualify an applicant from employment)			<input type="checkbox"/> Yes	<input type="checkbox"/> No	(If yes, give location, date, charge and disposition of case(s) on additional information page.)



**U.S. MILITARY SERVICE**

If you have served in the U.S. Military, please provide the following information:

Branch of Service: \_\_\_\_\_

Dates Served: from: \_\_\_\_\_ to: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_

**TRAINING / SKILLS**

List any training, skills, qualifications or job related experiences that would be of special benefit in the job for which you are applying:

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

**EDUCATION / SKILLS**

EDUCATION LEVEL	NAME	CITY STATE	CIRCLE YRS COMPLETED	UNITS COMPLETED	DEGREE/MAJOR
HIGH SCHOOL			9 10 11 12		
COMMUNITY OR JUNIOR COLLEGE			1 2		
BUSINESS OR TRADE SCHOOL			1 2		
COLLEGE OR UNIVERSITY			1 2 3 4		

**LICENSES / CERTIFICATIONS (JOB RELATED)**

TYPES OF LICENSES AND CERTIFICATIONS	DATE ISSUED	REGISTRATION NUMBER	STATE	EXPIRES MO / YR

**REFERENCES (NO RELATIVES)**

NAME _____	NAME _____
ADDRESS _____	ADDRESS _____
CITY, STATE, ZIP _____	CITY, STATE, ZIP _____
DAYTIME PHONE _____	DAYTIME PHONE _____
RELATIONSHIP _____	RELATIONSHIP _____
NAME _____	NAME _____
ADDRESS _____	ADDRESS _____
CITY, STATE, ZIP _____	CITY, STATE, ZIP _____
DAYTIME PHONE _____	DAYTIME PHONE _____
RELATIONSHIP _____	RELATIONSHIP _____



**EMPLOYMENT HISTORY**  
**(MUST BE COMPLETED EVEN IF SUPPLEMENTED BY A RESUME)**

Beginning with your most recent, list below present and past employment including U.S. Military service:

EMPLOYER	REASON FOR LEAVING	
ADDRESS	DATES EMPLOYED FROM TO	JOB TITLE
CITY, STATE, ZIP		DESCRIBE WORK
PHONE NUMBER	HOURLY RATE START FINAL	
SUPERVISOR		
EMPLOYER	REASON FOR LEAVING	
ADDRESS	DATES EMPLOYED FROM TO	JOB TITLE
CITY, STATE, ZIP		DESCRIBE WORK
PHONE NUMBER	HOURLY RATE START FINAL	
SUPERVISOR		
EMPLOYER	REASON FOR LEAVING	
ADDRESS	DATES EMPLOYED FROM TO	JOB TITLE
CITY, STATE, ZIP		DESCRIBE WORK
PHONE NUMBER	HOURLY RATE START FINAL	
SUPERVISOR		
EMPLOYER	REASON FOR LEAVING	
ADDRESS	DATES EMPLOYED FROM TO	JOB TITLE
CITY, STATE, ZIP		DESCRIBE WORK
PHONE NUMBER	HOURLY RATE START FINAL	
SUPERVISOR		
EMPLOYER	REASON FOR LEAVING	
ADDRESS	DATES EMPLOYED FROM TO	JOB TITLE
CITY, STATE, ZIP		DESCRIBE WORK
PHONE NUMBER	HOURLY RATE START FINAL	
SUPERVISOR		

**EXPLANATION OF INTERRUPTIONS IN EMPLOYMENT HISTORY**

Use this space to explain employment history interruptions since high school that do not pertain to pregnancy, child care, disability or any other protected activity:

--





**AUTHORIZATIONS AND AGREEMENTS**

I understand that as part of the normal procedure in processing applications, a routine inquiry will be made concerning my background. Past employers, school records offices, and personal references may be contacted to verify and obtain information concerning my background, qualifications, school and work records. Information gathered about my background and qualifications will be used to help make a fair employment decision. This information will only be available to those participating in this decision or those who process employment applications.

I hereby authorize the City of Monroe and its employees to conduct all pre-employment inquiries as described. I further authorize the City of Monroe and its employees to verify all statements contained in this application and any other materials I submit in connection with my employment application. I agree to complete any requisite authorizations forms. I release the City of Monroe and its employees and all providers of information from any liability arising out of the gathering and use of such information. In the event of employment, this authorization and release is valid throughout my employment and a photocopy is as effective as the original.

I understand and agree that as I am applying for a fire fighter position, I will be required to comply with all the training requirements of the state. I understand that all offers of employment are conditional upon completing all those tests, including physical agility, to determine my fitness for this position - as well as satisfactory drug screens and reference checks, and presentation of all documents necessary for the City of Monroe to verify my identity and work authorization in accordance with the requirements of the Immigration and Naturalization Services.

I certify the information provided in this application is true and complete. I understand withholding pertinent information or submitting false or misleading information on this application or my resume, during interviews or at any other time during the hiring process, constitutes valid grounds for disqualification from further consideration for hire or immediate dismissal from employment and loss of all employee benefits and privileges. I further understand and agree that the employer shall not be liable in any respect if my employment is so denied or terminated.

I understand that employees of the City of Monroe are selected in order to accomplish the legal and operational duties established by statute and by the policy choices of the City of Monroe's elected officials. Each employee is expected to conduct him/herself in a manner that reflects favorably upon the City of Monroe and to recognize that he/she is subject to additional scrutiny in his/her public and personal life.

I understand that the acceptance of this application by the City of Monroe neither expresses nor implies an offer of employment. I understand my employment is at-will and I may resign at any time for any reason; similarly, my employment may be terminated by the City of Monroe at any time for any reason. Any changes to this at-will employment will not be valid unless in writing signed by me and a duly authorized representative of the City of Monroe.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE AUTHORIZATION AND AGREEMENT STATEMENTS.**

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

Sworn to and subscribed before me this \_\_\_\_\_ Day of \_\_\_\_\_ 20 \_\_\_\_\_

Notary Public: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

NOTE: There are separate authorizations in this application for motor vehicle records, criminal, and credit checks. Your signature on these authorizations must also be **notarized!**



## EMPLOYMENT BACKGROUND & MVR RELEASE ACKNOWLEDGEMENT

I, [print name] \_\_\_\_\_, as an applicant for the City of Monroe grant authorization for the City to obtain information regarding my driving record and conduct a background investigation at this time of consideration of hire and during subsequent City employment. I acknowledge that signing this release is not a guarantee of employment with the City.

I understand that driving for the City using either a City vehicle or my personal vehicle is a privilege granted only to employees whose driving record satisfactorily meets City standards.

I understand that if driving is a requirement of the job, then an acceptable driving record is also a requirement of the job, both at the time of consideration for hire and as an ongoing condition of employment.

As an applicant or an employee, the City may conduct motor vehicle record (MVR) checks periodically and I give permission to the City to obtain such information regarding my driving record anytime the City deems necessary.

I understand my driving record must continue to meet City standards. Should my driving record not meet City standards, my driving privileges for the City may be revoked and could be grounds for applicant disqualification or dismissal of employment.

I understand the information identified in my driver's record check is a part of the hiring process, and if hired, will be discussed as the City deems it necessary.

I acknowledge reading this release and grant authorization to the City to conduct a background investigation and MVR check, obtain information regarding my driving record, and discuss this information as the City deems necessary.

Applicant Name: \_\_\_\_\_  
(as it appears on license)

DL# \_\_\_\_\_ State: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

SSN: \_\_\_\_\_ Date Signed: \_\_\_\_\_  
(this form)

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

Sworn to and subscribed before me this \_\_\_\_\_ Day of \_\_\_\_\_ 20 \_\_\_\_\_

Notary Public: \_\_\_\_\_  
(Signature and Seal with Expiration Date Required)



**EMPLOYMENT CRIMINAL HISTORY RELEASE  
ACKNOWLEDGEMENT**

I, [print name]\_\_\_\_\_, as an applicant for the City of Monroe grant authorization for the City to obtain information regarding my criminal history record at this time of consideration of hire. This includes any criminal history record information pertaining to me which may be in the files of any federal, state, or local criminal justice agency. I acknowledge that signing this release is not a guarantee of employment with the City.

I understand the information identified in my criminal record check is part of the hiring process and will be discussed as the City deems necessary.

I acknowledge reading this release and grant authorization to the City to conduct a criminal history record check, obtain information regarding my criminal record, and discuss this information as the City deems necessary.

Applicant Full Name: \_\_\_\_\_

SSN: \_\_\_\_\_ Race: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

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

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

Sworn to and Subscribed Before Me This \_\_\_\_\_ Day of \_\_\_\_\_ 20 \_\_\_\_\_

Notary Public: \_\_\_\_\_

Notary Expiration: \_\_\_\_\_

**INCLUDE A FRONT AND BACK COPY OF YOUR DRIVERS LICENSE WITH THIS APPLICATION**



**Employer's Disclosure About  
Nature and Scope of Investigations and Use of Information Obtained From Third Parties**

THE CITY OF MONROE hereby discloses to its employees and/or applicants that it may obtain from third parties, including consumer reporting agencies, former employers, outside investigators, and other locations, divisions, subsidiaries, or affiliates of THE CITY OF MONROE information concerning you, including, but not limited to, information about your credit, character, general reputation, personal characteristics, or mode of living which may include information obtained through personal interviews with your past employers, neighbors, friends, or associates and which may include medical information. THE CITY OF MONROE will use this information solely for the purpose of deciding whether or not to employ, promote, transfer, or take some other employment action concerning you. THE CITY OF MONROE may, with your authorization, share the information it collects with other locations, divisions, subsidiaries, or affiliates of THE CITY OF MONROE but will not share this information with any other person.

**Authorization for THE CITY OF MONROE to  
Obtain an Investigative Consumer Report, Obtain Medical Information  
and to Obtain a Consumer Report**

I, [print name] \_\_\_\_\_, have received as a separate document, read, and understand the foregoing Employer's Disclosure About Nature and Scope of Investigations And Use of Information Obtained From Third Parties. I authorize THE CITY OF MONROE to obtain from third parties, including the consumer reporting agency of its choice, an investigative consumer report, a consumer report, and medical information regarding me. I understand that an investigative consumer report may include personal interviews with my past employers, neighbors, friends, or associates concerning my credit, character, general reputation, personal characteristics, or mode of living, together with public record information regarding arrests, indictments, convictions or civil suits in which I was involved as a party.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sworn to and Subscribed Before Me This \_\_\_\_\_ Day of \_\_\_\_\_ 20 \_\_\_\_\_

Notary Public: \_\_\_\_\_ Expiration date: \_\_\_\_\_

**Authorization for THE CITY OF MONROE to  
Share Information with its other Locations, Divisions, Subsidiaries, or Affiliates**

I, [print name] \_\_\_\_\_ hereby [circle one] authorize / do not authorize THE CITY OF MONROE to receive and to share information it obtains from third parties, including consumer reporting agencies, investigators, and prior employers, with its other locations, divisions, subsidiaries, or affiliates.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sworn to and Subscribed Before Me This \_\_\_\_\_ Day of \_\_\_\_\_ 20 \_\_\_\_\_

Notary Public: \_\_\_\_\_ Expiration date: \_\_\_\_\_





**THE CITY OF MONROE's Disclosure About  
Nature and Scope of Investigations  
And Use of Information Obtained From Third Parties**

THE CITY OF MONROE hereby discloses to its employees and/or applicants that it may obtain from third parties, including consumer reporting agencies, former employers, outside investigators, and other locations, divisions, subsidiaries, or affiliates of THE CITY OF MONROE information concerning you, including, but not limited to, information about your credit, character, general reputation, personal characteristics, or mode of living which may include information obtained through personal interviews with your past employers, neighbors, friends, or associates and which may include medical information. THE CITY OF MONROE will use this information solely for the purpose of deciding whether or not to employ, promote, transfer, or take some other employment action concerning you. THE CITY OF MONROE may, with your authorization, share the information it collects with other locations, divisions, subsidiaries, or affiliates of THE CITY OF MONROE, but will not share this information with any other person.

**PLEASE KEEP THIS FOR YOUR RECORDS**



## **National Crime Information Center Privacy Act**

### **NCIC Operations Manual - III: 2.2 INDIVIDUAL ACCESSES, REVIEW, AND CHALLENGE:**

The DO 556-73 (U.S. Department of Justice Order) established the rules and regulations for the subject of an FBI Identification Record to obtain a copy of his or her own record for review or to challenge information on the record. In accordance with the DO, the FBI will release to the subject of an identification record a copy of such record upon submission of a written request, satisfactory proof of identity of the person whose identification record is requested, and a processing fee. The remote accessing of III for individual access and review is not allowed. The subject of an identification record may obtain a copy of his/her criminal history record maintained in the III by submitting a written request via the U.S. mail directly to the FBI Criminal Justice Information Services Division, Record Request 1000 Custer Hollow Road, Clarksburg, WV 26306. Title 5, U.S.C., # 552a, (The Privacy Act) requires agencies to maintain a system of records which establish appropriate administrative, technical, and physical safeguards to ensure the security and confidentiality of records. III/NFF Operations & Technical Manual Ch.2 Section 2.1

**PLEASE KEEP THIS FOR YOUR RECORDS**

**Georgia Bureau of Investigation  
Georgia Crime Information Center Consent Form**

I hereby authorize the **City of Monroe** to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

\_\_\_\_\_

Full Name (print)

\_\_\_\_\_

Address

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

Sex                  Race                  Date of Birth                  Social Security Number

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

-----

I, \_\_\_\_\_ give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.

### **GEORGIA CRIME INFORMATION CENTER AWARENESS STATEMENT**

Access to Criminal Justice Information, as defined in GCIC Council Rule 140-1- .02 (amended), and dissemination of such information are governed by state and federal laws and GCIC Council Rules. Criminal Justice Information cannot be accessed or disseminated by any employee except as directed by superiors and as authorized by approved standard operating procedures which are based on controlling state and federal laws, relevant federal regulations, and the Rules of the GCIC Council.

O.C.G.A. §35-3-38 establishes criminal penalties for specific offenses involving obtaining, using, or disseminating criminal history record information except as permitted by law. The same statute establishes criminal penalties for disclosing or attempting to disclose techniques or methods employed to ensure the security and privacy of information or data contained in Georgia criminal justice information systems.

The Georgia Computer Systems Protection Act (O.C.G.A. §16-9-90 et seq) provides for the protection of public and private sector computer systems, including communications links to such computer systems. The Act establishes four criminal offenses, all major felonies, for violations of the Act: Computer Theft, Computer Trespass, Computer Invasion of Privacy, and Computer Forgery. The criminal penalties for each offense carries maximum sentences of fifteen (15) years in prison and/or fines up to \$50,000.00, as well as possible civil ramifications. The Act also establishes Computer Password Disclosure as a criminal offense with penalties of one (1) year in prison and/or a \$5000.00 fine.

The Georgia Criminal Justice Information System Network is operated by the Georgia Crime Information Center in compliance with O.C.G.A. §35-3-31. All data bases accessible via CJIS Network terminals are protected by the Computer Systems Protection Act. Similar communications and computer systems operated by municipal/county governments are also protected by the Act.

By my signature below, I acknowledge that I have read and understand this Awareness Statement.

Print Name:

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

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

### **NON-CRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS**

As an applicant that is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history record check for a non-criminal justice purpose (such as an application for a job or license, immigration or naturalization, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification that your fingerprints/biometrics will be used to check the criminal history records maintained by the Georgia Crime Information Center (GCIC) and the FBI, when a federal record check is so authorized.
- If your fingerprints/biometrics are used to conduct a FBI national criminal history check, you are provided a copy of the Privacy Act Statement that would normally appear on the FBI fingerprint card.
- If you have a criminal history record, the agency making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The agency must advise you of the procedures for changing, correcting, or updating your criminal history record as set forth in Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a Georgia or FBI criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the agency denies you the job, license or other benefit based on information in the criminal history record.
- In the event an adverse employment or licensing decision is made, you must be informed of all information pertinent to that decision to include the contents of the record and the effect the record had upon the decision. Failure to provide all such information to the person subject to the adverse decision shall be a misdemeanor [O.C.G.A. § 35-3-34(b) and §35-3- 35(b)].

You have the right to expect the agency receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of state and/or federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

If the employment/licensing agency policy permits, the agency may provide you with a copy of your Georgia or FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, information regarding how to obtain a copy of your Georgia, FBI or other state criminal history may be obtained at the GBI website (<http://gbi.georgia.gov/obtaining-criminal-history-record-information>).

If you decide to challenge the accuracy or completeness of your Georgia or FBI criminal history record, you should send your challenge to the agency that contributed the questioned information. Alternatively, you may send your challenge directly to GCIC provided the disputed arrest occurred in Georgia. Instructions to dispute the accuracy of your criminal history can be obtained at the GBI website (<http://gbi.georgia.gov/obtaining-criminal-history-record-information>).

Applicant's Initial: \_\_\_\_\_

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

**PRIVACY ACT STATEMENT**

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Applicant's Initial: \_\_\_\_\_

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

## INSTRUCTIONS

### Test Preparations

1. The candidate shall be provided with gloves, helmet, and a self-contained breathing apparatus (without the mask) to be worn during the entire test. The candidate shall be assisted with donning this equipment so that it is worn properly.
2. The following equipment will be needed: a rolled 50-foot section of 1½ or 1¾ inch diameter hose and a multi-story structure, a 24-foot aluminum extension ladder in a securely supported vertical position, a fire department axe and a target such as a wooden pallet, a charged (75 PSI nozzle pressure) 100 foot 1½ or 1¾ inch hoseline with a nozzle attached and secured in the off position, a 165-pound dummy with a strap or harness attached, and a 14-foot roof ladder placed in a horizontal position at a height of 5 feet.
3. Each exercise shall be properly prepared and ready for the candidate prior to beginning the test.
4. The overall distance from the starting point of the first exercise and the last exercise shall not exceed 400 feet and not be less than 300 feet.
5. The starting point (and ending point if applicable) for each exercise shall be pointed out to the candidate prior to beginning the test.
6. The candidate shall be given the overall instructions and the instructions for each exercise prior to beginning the test. (Instructions for all or any single exercise may be read again but time does not stop.)

### Overall Candidate Instructions

1. The candidate shall wear gloves, helmet, and a self-contained breathing apparatus (without the mask) during the entire test.
2. The candidate may not run during the test.
3. Time will begin at the starting of the first exercise and shall stop when the candidate completes the last exercise. (The candidate may pause during the test but time will continue to expire.)
4. The candidate may ask that instructions for all or any single exercise be read again but time will continue to expire if the test has already begun.
5. The candidate must complete the entire test in seven minutes or less.

### Exercise Instructions

1. Stair Climb - The candidate, given a rolled 50-foot section of 1½ or 1¾ inch diameter hose and a multi-story structure, shall carry the hose section up one flight of stairs to the second floor and then return to the starting point with the hose. The candidate must use each step while climbing or descending the stairway.
2. Ladder Extension - The candidate, given a 24-foot aluminum extension ladder in a securely supported vertical position, must completely extend the fly section (top section) of the ladder. The candidate must then lower the fly section in a controlled fashion to the starting position.
3. Ventilation Exercise - Given a fire department axe and standing on level ground with a target (such as a wooden pallet) placed on the ground in front of them, the candidate must strike the target with the axe 20 times. The axe must be brought completely over the shoulder to simulate a chopping motion as if cutting a ventilation hole.
4. Hose Advance  
The candidate, given a charged (75 PSI nozzle pressure) 100-foot 1½ or 1¾ inch hoseline, shall pick up the nozzle and advance the pressurized hoseline for a distance of 50 feet. After reaching the destination, the candidate shall lay the hose on the ground.
5. Rescue Drag  
The candidate, given a 165-pound dummy on a level surface, shall drag the dummy a distance of 50 feet.
6. Ladder Removal/Replacement  
The candidate, given a 14-foot roof ladder placed in a horizontal position at a height of 5 feet and with the ladder rungs in a vertical position, shall lift the entire ladder from its support and place it on the ground then pick the entire ladder up and return it to its original position.