



Name: \_\_\_\_\_  
Last First Middle


**Fernandina Beach Fire Department**  
*Employment Application*

**225 SOUTH 14TH STREET**  
**FERNANDINA BEACH, FL 32034**  
**904/277-7331**

**AN AFFIRMATIVE ACTION EMPLOYER**  
**AN EQUAL OPPORTUNITY EMPLOYER**

*As an Equal Opportunity Employer, it is the policy of the City of Fernandina Beach to afford equal employment opportunity to all individuals, regardless of their race, color, creed, religion, sex, national origin, age, marital status, military/veteran status, protected characteristics, or any non-job-related disability or medical condition.*

## WELCOME FROM THE FIRE CHIEF

**Dear Applicant:**

**Welcome to the Fernandina Beach Fire Department's hiring process.**

We take a great deal of pride in our Fire Department and hope you will share this, if you are selected. The history of the Fernandina Beach Fire Department extends from the mid-1800's when it was first formed, to its present day. The equipment has changed, but the basic mission "To protect lives and property and to serve the citizens of the City of Fernandina Beach to the best of our ability" remains the same.

Working as a Firefighter in the City of Fernandina Beach offers many opportunities. The Fernandina Beach Fire Department is highly involved in incident prevention and very effective in responding to incidents that do occur with well trained and dedicated employees. We are involved in Fire Prevention, Public Safety Education, Advanced Life Support Transport, Fire Suppression, Technical Rescue, Ocean Rescue and Hazardous Materials Response to name a few of the services provided by our department.

Our goal is to provide the best service to the citizens and visitors of Fernandina Beach. We are here to protect our community. Being a member of the Fernandina Beach Fire Department is more than a job, it includes a commitment to other Department members and to the citizens of Fernandina Beach. Personal respect and individual integrity are essential ingredients of a positive unified work environment and a healthy department.

Best Regards,

A handwritten signature in black ink, appearing to read "Harvey T. Silcox". The signature is stylized with a large initial "H" and "S".

Harvey T. Silcox  
Fire Chief

## **FIREFIGHTER APPLICATION PACKET**

The completed Firefighter application packet must be submitted to the City of Fernandina Beach, Human Resources at: 204 Ash Street, Fernandina Beach, FL 32034 by the deadline provided.

Only complete application packages will be processed. All required documents must be submitted at the time you submit your application. Provide copies of the following with your application:

- 1) Current ACLS/BLS Certification
- 2) Current State of Florida EMT / Paramedic Certification
- 3) State of Florida Minimum Standards Certificate if applicable
- 4) State approved 16 hr. Emergency Vehicle Operators Certification (EVOC)
- 5) Signed Physician Release form, with no restrictions being marked on the form.
- 6) Signed FF Candidate Waiver.

## **CANDIDATE NEW HIRE TESTING PROCEDURES**

1. All candidates that have completed the packet in the required time frame will be scheduled for a written and skills based test.
2. The scheduled date for the test will be dependent on the amount of candidates that have successfully completed the new hire packet.
3. The Fire Department will not host any exam for candidates until there is a minimum of five (5) applicants that have submitted their packet.
4. All lists created will be active for one (1) year from completion of the process.
5. The Candidate test will be comprised of three (3) phases. Each candidate will be required to pass each individual phase, prior to moving to the next phase.
  - 1) Phase 1 – Written Test
  - 2) Phase 2 – Skills/Agility Test
  - 3) Phase 3 – Oral Interview

**PLEASE PRINT**

Date of Application \_\_\_\_/\_\_\_\_/\_\_\_\_

**POSITION INFORMATION**

Position applying for: \_\_\_\_\_ Date available for work: \_\_\_\_\_

**PERSONAL INFORMATION**

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Number) (Street) (City) (State) (Zip)

Home Telephone Number: \_\_\_\_\_ Cell Telephone Number: \_\_\_\_\_  
(Area Code) (Area Code)

Email Address: \_\_\_\_\_

Other names under which you have been employed or any other names that are necessary to check employment or educational history: \_\_\_\_\_

Referral Source: \_\_\_\_\_

Do you have relatives currently working for the CITY OF FERNANDINA BEACH?

\_\_\_ Yes \_\_\_ No

If yes, list name(s), relationship, position, and location: \_\_\_\_\_

Have you previously worked as an employee for the CITY OF FERNANDINA BEACH?

\_\_\_ Yes \_\_\_ No

If yes, last date of employment: \_\_\_\_/\_\_\_\_/\_\_\_\_ Employee ID # \_\_\_\_\_

Have you been convicted of a felony within the past 5 years? \_\_\_ Yes \_\_\_ No

**NOTE: a "Yes" answer does not automatically disqualify you from employment, since the nature of the offense and the type of job for which you are applying will be considered. If "Yes", please list date, location and explain:**

Have you ever been convicted of a drug or alcohol related offense? \_\_\_ Yes \_\_\_ No

**NOTE: a "Yes" answer does not automatically disqualify you from employment, since the nature of the offense and the type of job for which you are applying will be considered. If "Yes", please list date, location and explain:**

Can you perform the essential job requirements as described to you, with or without accommodation?

\_\_\_ Yes \_\_\_ No If "No", please explain: \_\_\_\_\_

Do you have any commitments to another employer that might affect your employment with our company?

\_\_\_ Yes \_\_\_ No If "Yes", please explain: \_\_\_\_\_

## EDUCATION AND TRAINING

**High School:** \_\_\_\_\_  
(Name of School) (City, State)

**Did you graduate:** \_\_\_ Yes \_\_\_ No    **If no, did you obtain GED?** \_\_\_ Yes \_\_\_ No

**College:** \_\_\_\_\_  
(Name of College) (City, State)

**Did you graduate:** \_\_\_ Yes \_\_\_ No

**If no, # of hours completed** \_\_\_\_\_ **Degree:** \_\_\_\_\_

**Graduate School:** \_\_\_\_\_  
(Name of School) (City, State)

**Did you graduate:** \_\_\_ Yes \_\_\_ No

**If no, # of hours completed** \_\_\_\_\_ **Degree:** \_\_\_\_\_

**Correspondence or Trade School:** \_\_\_\_\_  
(Name of School) (City, State) (Course of Study)

**What job-related professional licenses and/or certifications do you hold?**

*Please list licenses/certifications with expiration dates as applicable and attach copies:*

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**Have you ever served in the U.S. Military Service?** \_\_\_ Yes \_\_\_ No **If "Yes," Branch?** \_\_\_\_\_

**Type of skills and training:**

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**Rank:** \_\_\_\_\_

## EMPLOYMENT HISTORY

Begin with the most recent place of employment and go back 10 years. All information will be treated confidentially.

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Street

\_\_\_\_\_  
City State

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Supervisor's Title

Employed from \_\_\_\_\_ to \_\_\_\_\_

Position Title \_\_\_\_\_

Duties \_\_\_\_\_

Ending Salary \$ \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Phone \_\_\_\_\_

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Street

\_\_\_\_\_  
City State

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Supervisor's Title

Employed from \_\_\_\_\_ to \_\_\_\_\_

Position Title \_\_\_\_\_

Duties \_\_\_\_\_

Ending Salary \$ \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Phone \_\_\_\_\_

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Street

\_\_\_\_\_  
City State

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Supervisor's Title

Employed from \_\_\_\_\_ to \_\_\_\_\_

Position Title \_\_\_\_\_

Duties \_\_\_\_\_

Ending Salary \$ \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Phone \_\_\_\_\_

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Street

\_\_\_\_\_  
City State

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Supervisor's Title

Employed from \_\_\_\_\_ to \_\_\_\_\_

Position Title \_\_\_\_\_

Duties \_\_\_\_\_

Ending Salary \$ \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Phone \_\_\_\_\_



**PLEASE READ CAREFULLY**

**AUTHORIZATION AND UNDERSTANDING**

I represent that the answers and information given by me in this application are true and complete. I authorize the City of Fernandina to verify the information I have provided and to make any investigation of my background deemed necessary. I also authorize third parties (such as former employers, law enforcement organizations, financial institutions, educational institutions) contracted by the Company to furnish any information relevant to my application for employment. I agree to sign all necessary release forms to be provided to these third parties for the release of such information. I understand that any misrepresentation or omissions of fact requested is cause for dismissal.

I understand that any offer of employment is conditioned on my successful completion of a post-offer drug screening.

I FURTHER UNDERSTAND AND AGREE THAT, EXCEPT AS IT MAY BE PROVIDED OTHERWISE BY APPLICABLE COLLECTIVE BARGAINING AGREEMENT, EMPLOYMENT WITH THE CITY OF FERNANDINA BEACH IS AT WILL AND THAT EITHER I OR THE COMPANY CAN TERMINATE MY EMPLOYMENT AND COMPENSATION, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME. I ACKNOWLEDGE THAT NO REPRESENTATIONS, EITHER ORAL OR WRITTEN, HAVE BEEN MADE TO ME TO THE CONTRARY AND THAT ANY PRE-EXISTING UNDERSTANDINGS WHICH CONTRADICT AN AT WILL STATUS OF EMPLOYMENT ARE CANCELLED. FURTHER, I UNDERSTAND THAT ONLY THE CITY COMMISSION HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY FIXED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING AND THAT ANY SUCH AGREEMENT MUST BE IN WRITING AND AUTHORIZED BY THE CITY COMMISSIONERS.

In consideration of my employment, I agree to conform to the rules and policies of the City of Fernandina Beach.

**MY SIGNATURE BELOW INDICATES THAT I HAVE READ AND UNDERSTOOD THE ABOVE PARAGRAPHS AND AGREE TO THE FOREGOING CONDITIONS OF EMPLOYMENT.**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

**The CITY OF FERNANDINA BEACH is an Equal Opportunity Employer- We Do Not Discriminate on the Basis of Race, Color, Religion, Sex, National Origin, Age, Disability, Veteran Status or any other protected characteristic.**



**CITY OF FERNANDINA BEACH  
BACKGROUND CHECK / AUTHORIZATION FOR RELEASE OF INFORMATION**

**TO WHOM IT MAY CONCERN:**

Under the provisions of the Fair Credit Reporting Act U.S.C., Sec. 1681, ET. seq., the Americans with Disabilities Act and all applicable federal, state and local laws, I hereby authorize and permit the City of Fernandina Beach to obtain, any person, firm or entity to release to the City, the following: 1) my employment record; 2) records concerning any criminal history; 3) records concerning my driving history; 4) for truck drivers only, in accordance with the Dept. Of Corporation 382.431 information concerning drug and alcohol information for the past two years; 5) records concerning my credit history, when this information is indicative of a bona fide occupational qualification (BFOQ); 6) records concerning my workers compensation history (post-offer); 7) verification of my academic and/or professional credentials; and 8) information and/or copies of documentation from my military service records. The above items, which constitute an "investigative consumer report", may include information as to my character, general reputation, personal characteristics, and mode of living. I agree that a copy of this authorization has the same effect as the original. I hereby release and hold harmless any person firm or entity that discloses matters in accordance with this authorization and the City of Fernandina Beach from liability that might otherwise result from the request for use of and/or disclosure of any or all of the foregoing information. You are further advised under said act that you may request a copy of this report from the consumer reporting agency that compiled said report after proper identification has been received.

***THE CITY OF FERNANDINA BEACH COLLECTS YOUR SOCIAL SECURITY NUMBER FOR THE FOLLOWING PURPOSES: CLASSIFICATION OF ACCOUNTS; IDENTIFICATION AND VERIFICATION; CREDIT WORTHINESS; BILLING AND PAYMENTS; DATA COLLECTION, RECONCILIATION, TRACKING, BENEFIT PROCESSING, TAX REPORTING, AND BACKGROUND CHECKS FOR EMPLOYMENT PURPOSES. SOCIAL SECURITY NUMBERS ARE ALSO USED AS A UNIQUE NUMERIC IDENTIFIER AND MAY BE USED FOR SEARCH PURPOSES.***

**APPLICANT INFORMATION (PLEASE PRINT):**

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\_\_\_\_\_

FULL NAME (LAST, FIRST, MIDDLE)

\_\_\_\_\_

SOCIAL SECURITY NUMBER

ALIASES: (INCLUDE MAIDEN NAME) \_\_\_\_\_

\_\_\_\_\_

TELEPHONE

PLEASE LIST ALL RESIDENCES WHERE YOU HAVE LIVED DURING THE PAST FIVE YEARS:

\_\_\_\_\_

CURRENT ADDRESS, CITY, STATE, ZIP

\_\_\_\_\_

COUNTY

\_\_\_\_\_

FROM (MO. /YR.) TO (MO. /YR.)

\_\_\_\_\_

PREVIOUS ADDRESS, CITY, STATE, ZIP

\_\_\_\_\_

COUNTY

\_\_\_\_\_

FROM (MO. /YR.) TO (MO. /YR.)

\_\_\_\_\_

PREVIOUS ADDRESS, CITY, STATE, ZIP

\_\_\_\_\_

COUNTY

\_\_\_\_\_

FROM (MO. /YR.) TO (MO. /YR.)

\_\_\_\_\_

PREVIOUS ADDRESS, CITY, STATE, ZIP  
/YR.)

\_\_\_\_\_

COUNTY

\_\_\_\_\_

FROM (MO. /YR.) TO (MO. /YR.)

VALID DRIVER'S LICENSE # \_\_\_\_\_

STATE: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ (FOR PURPOSES OF OBTAINING DRIVER'S LICENSE INFORMATION ONLY)  
MM/DD/YY

\_\_\_\_\_

SIGNATURE

DATE

**FERNANDINA BEACH FIRE RESCUE DEPARTMENT  
TOBACCO PRODUCT AFFIDAVIT**

I, \_\_\_\_\_, understand that as a condition of my employment with the Fernandina Beach Fire Department, I must be tobacco-free. I hereby affirm that I am not currently a user of tobacco products. I further understand that use of tobacco products while employed by the City of Fernandina Beach, whether on-duty or off-duty, will constitute a violation of this condition of employment and that my employment will be terminated.

\_\_\_\_\_  
APPLICANT/EMPLOYEE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
DATE

**EQUAL EMPLOYMENT OPPORTUNITY SURVEY**

**PROVIDING THE FOLLOWING INFORMATION IS VOLUNTARY**

TO ALL APPLICANTS:

The CITY OF FERNANDINA BEACH considers qualified applicants for employment, without regard to race, color, religion, sex, national origin, disability, veteran status or age. In order that we comply with our equal employment record keeping requirements, the following is a questionnaire to be filled out by all applicants. This questionnaire will be kept in a confidential file. It will not adversely affect your opportunity for employment.

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

POSITION APPLYING FOR: \_\_\_\_\_

POSTING #: \_\_\_\_\_

HOW WERE YOU REFERRED TO OUR COMPANY?

\_\_\_\_\_

**CHECK ONE:**

FEMALE

MALE

**CHECK ONE:**

American Indian/Alaskan Native

Asian/Pacific Islander

Black

Hispanic

White



## FERNANDINA BEACH FIRE RESCUE DEPARTMENT

### PHASE 1 - WRITTEN TEST COMPONENTS

1. Will consist of one hundred (100) multiple choice questions comprised from:
  - a. Basic Firefighting knowledge - Essentials of Firefighting, Third Edition.
  - b. EMS - Pre-Hospital Emergency Care.
  - c. ACLS - American Heart Association
2. The passing score for the written exam will be considered 80% or higher.

### REQUIRED ITEMS FOR SKILLS ASSESSMENT

1. **Obtain Medical Certification:**
  - a. Must have your own personal physician (or other qualified Medical Doctor) complete and sign the medical certification waiver form prior to taking the Firefighter Skills Assessment.
  - b. Make sure that your doctor's appointment is **BEFORE** your appointment to take the Firefighter Skills Assessment test. You will not be allowed to participate and **YOU WILL NOT BE RESCHEDULED** if you do not bring this form. Please read the information on the Firefighter Skills Assessment prior to the test.
2. **Dress Attire**
  - a. You should dress in clothing appropriate for exercising.
  - b. If you have your own bunker gear, please bring it with you. If you do not have bunker gear, it will be provided.
  - c. Protective breathing apparatus with composite cylinders will be provided.

**REMEMBER: If you do not bring the completed medical certification form with you to the Firefighter Skills Assessment test, you will not be rescheduled.**

### PHASE 2 – SKILLS AND AGILITY ASSESSMENT

1. All components of Phase 2 are graded as a pass/fail assessment. There will not be a number grade assigned to this assessment.
2. Items to be worn during combat assessment:
  - a. NFPA compliant bunker coat, helmet, gloves, exercise clothing, and sports shoes.
  - b. Self-contained breathing apparatus (air tank only, no mask).

#### One (1) Mile Walk With SCBA and Bottle

1. The one (1) mile walk will be performed while wearing an SCBA/with bottle.
2. This walk must be completed within 20 minutes.
3. Jogging or running will not be permitted. Any candidate that is found to be running or jogging will be removed from the testing and counted as failed.
4. Once the one (1) mile walk has been completed and the candidate has accomplished the walk in the required amount of time, they shall proceed to the combat evaluation.

## **Combat Skills Assessment**

The combat evaluation consists of a series of six (6) combined tasks that shall be completed within twelve (12) minutes. The six tasks are outlined below:

1. **TASK #1** – Hose Drag
2. **TASK #2** – Scale 4 1/2' wall
3. **TASK #3** – Ladder Raise
4. **TASK #4** – Ladder Climb and Descent
5. **TASK #5** – Forcible Entry Simulation
6. **TASK #6** – Dummy Drag

### **TASK #1: Hose Drag (50' section, 2 1/2" hose, 57 lbs.)**

You will stand at the start line at arm's length distance from the section of hose. You may position yourself on the left or the right side of the hose depending on which shoulder you prefer to use to drag the hose. When the examiner tells you to go, reach down, pick up the folded hose, place your preferred arm through the fold of the hose and drag the hose to the 75' foot line. Then turn and drag it back to the start line. You must cross the line before dragging the hose back to the start line or you will be told to go back and make the turn at the proper place. When you have dragged the hose back and you have crossed the start line, you will drop the hose and immediately proceed to Task #2.

### **TASK #2: Scaling 4½' Foot Wall**

You will approach and scale the 4½' foot wall. Immediately proceed to Task #3, the Ladder Raise

### **TASK #3: Ladder Raise (16' roof ladder, 60 lbs.)**

Pick up the top of the aluminum ladder from the ground and raise it from the horizontal position to a vertical position. Leave the ladder in this position and proceed immediately to Task #4.

### **TASK #4: Ladder Climb and Descent (Approximately 15 feet)**

Climb a secured ladder, using one rung at a time and touch the top rung of the ladder and then descend the ladder one rung at a time. Immediately proceed to Task #5.

### **TASK #5: Forcible Entry Simulation (Strike Truck Tire with 8 lb. Sledge Hammer)**

You will pick up an 8 lb. sledge hammer and begin striking a truck tire until the tire is moved to a distance of 10 feet. After reaching the end proceed to Task #6.

### **TASK #6: Dummy Drag (Approximately 175 lbs. dummy, 50' drag)**

Grasp and lift the dummy off the ground and drag the dummy along the designated 50' foot course to the finish line. After dragging the entire dummy across the finish line, stop. The physical assessment test is over. Your time will be recorded by the examiner. Remove the air tank, gloves, bunker helmet, and bunker coat. Remain in the area until a monitor escorts you to the proper area for further instructions.

### **PHASE 3 – ORAL INTERVIEW**

1. Only candidates that successfully complete both Phase 1 and Phase 2 will be scheduled for an oral interview.
2. The oral interview is comprised of nine (9) dimensions, covering various topics. The maximum score awarded is forty (40) points.
3. The passing score for the Oral Interview is **30 points**.

### **Candidate Ranking**

1. All candidates will be ranked upon completion of the three (3) phases.
2. The ranking will consist of the written score combined with the Oral Interview score. The maximum points awarded shall not exceed 140 points. The maximum points awarded are as follows:
  - a. Written Test – 100 Points
  - b. Oral Interview – 40 Points
3. Candidates will be ranked according to their overall score on a numerical ranking roster.
4. Any roster created, with candidates being ranked will remain in effect for one year from time of completion.

### **Interview with Fire Chief**

1. The top three (3) Candidates will meet with the Fire Chief for a face to face interview.
2. The Fire Chief has the ability to select any candidate from the top three (3) of the ranking roster.

### **Conditional Offer of Employment**

1. Of the many candidates who apply, only a few are selected. If you successfully complete all of the mentioned phases you may be extended a conditional offer of employment based on the following conditions being met.
2. Medical And Drug Screening
  - a. You must pass the medical examination and drug screen as administered by the FBFD designated physician.
  - b. Background and driving history investigation

### **Final Offer**

1. Upon successful clearance of the background investigation, medical examination and drug screening, you will be contacted by the FBFD.
2. Your employment offer will be confirmed and you will be given an orientation date, time, and location.

### **Orientation / Employment**

1. The first day of your employment will be an orientation held with the Human Resources which will consist of an overview of your benefits package, The City of Fernandina Beach Personnel Policy Manual.
2. All Candidates will attend a three (3) eight (8) hour day orientation program, before being assigned a shift.



## FERNANDINA BEACH FIRE RESCUE DEPARTMENT

### MEDICAL CERTIFICATION FORM

**Dear Physician:**

The following is a description of the physical assessment test for a Firefighter, which simulates the job of a Firefighter. Throughout the test, candidates are required to wear a Firefighter coat, gloves, and air tank. This weighs approximately thirty (30) pounds. Please mark the applicable box that notes the candidate is **MEDICALLY CLEARED** and initial. Any Candidate not medically cleared by his/her physician will not be cleared to test for employment.

**PLEASE MARK THE APPLICABLE RESPONSE TO THE FOLLOWING TASKS**

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#### **One (1) Mile Walk Wearing an SCBA/with Bottle**

Description of Task:

This walk must be completed within 20 minutes. Jogging or running will not be permitted. The walk will be on flat/level ground and there will not be any running or jogging.

**PHYSICIAN:**

**MEDICALLY CLEARED**

**INITIALS:** \_\_\_\_\_

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#### **TASK #1: Hose Drag (50' section, 2 1/2" hose, 57 lbs.)**

Description of Task:

You will stand at the start line about an arm's length distance from the section of hose. You may position yourself so that the hose is next to either your left or right foot, depending on which shoulder you prefer to use to drag the hose. When the examiner tells you to go, reach down, pick up the fold of the hose, place your preferred arm through the fold of the hose and drag the hose to the 75' foot line. Then turn and drag it back to the start line. You must cross the line before dragging the hose back to the start line or you will be told to go back and make the turn at the proper place. When you have dragged the hose back and you have crossed the start line, you will drop the hose and immediately proceed to Task # 2, Scaling the 4 1/2 foot wall.

**PHYSICIAN:**

**MEDICALLY CLEARED**

**INITIALS:** \_\_\_\_\_

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#### **TASK #2: Scaling 4 1/2' Foot Wall**

Description of Task:

You will approach and scale the 4 1/2' foot wall. Immediately proceed to Task #3, the Ladder Raise

**PHYSICIAN:**

**MEDICALLY CLEARED**

**INITIALS:** \_\_\_\_\_

**TASK #3: Ladder Raise (16' roof ladder, 60 lbs.)**

Description of Task:

Pick up the top of the aluminum ladder from the ground and raise it from its horizontal position to a vertical position. Leave the ladder in this position and proceed immediately to Task #4, the Ladder Climb and Descent.

**PHYSICIAN:**

**MEDICALLY CLEARED**

**INITIALS:** \_\_\_\_\_

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**TASK #4: Ladder Climb and Descent (Approximately 15 feet)**

Description of Task:

Climb a permanently secured ladder, using one rung at a time, onto the platform, walk around the top of the ladder and descend the ladder to the floor, stepping on one rung at a time. Immediately proceed to Task #5, Forcible Entry Simulation (Strike Rubber Tire with 8 lb. sledge hammer)

**PHYSICIAN:**

**MEDICALLY CLEARED**

**INITIALS:** \_\_\_\_\_

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**TASK #5: Forcible Entry Simulation (Strike Truck Tire with 8 lb. Sledge Hammer)**

Description of Task:

Pick up a standard 8lb. Sledge Hammer and strike a rubber truck tire until you advance the tire 10 feet. After completion of this task, proceed directly to Task #6, Dummy Drag.

**PHYSICIAN:**

**MEDICALLY CLEARED**

**INITIALS:** \_\_\_\_\_

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**TASK #6: Dummy Drag (Approximately 175 lbs. dummy, 50' drag)**

Description of Task:

Grasp and lift the dummy off the ground and drag the dummy 50' feet to the finish line.

**PHYSICIAN:**

**MEDICALLY CLEARED**

**INITIALS:** \_\_\_\_\_





**PHYSICIAN WAIVER AND RELEASE FORM**

**To be signed by the Firefighter Candidate and his/her Physician. The signed waiver and release form must be in the possession of the Firefighter Candidate prior to participating in the test.**

**FIREFIGHTER CANDIDATE'S NAME:** \_\_\_\_\_

*Some medical conditions may increase a candidate's risk of suffering medical complications during or after the test. Among these are: Muscular Disorders, High Blood Pressure, Heart Disease, Infections, Asthma, Lung Disease, Liver Disease, Kidney Disease, Diabetes Mellitus, Sickle Cell Disease or trait, Dehydration, Alcoholism, Anemia, Gastro-Intestinal Disorders, Seizure Disorders, Electrolyte Abnormalities, Steroid use, a history of Heat Stroke, current illness such as Diarrhea, Colds, Flu, fever, Salt or Potassium Depletion. In addition, the use of medications or drugs such as aspirin and products containing aspirin, non-steroidal anti-inflammatory agents, acetaminophen, ibuprofen decongestants, cold pills and diuretics, stimulants, cocaine, heroin, or marijuana and other vasoconstrictor of a similar chemical family such as amphetamines, ephedrine and related substances may increase a candidate's risk. The above listing of conditions is not intended to be a complete list of all the conditions which may place candidates at risk if they take this test.*

*Accordingly, before a candidate will be permitted to take this test, he/she is required to be examined by a doctor and submit this certification that the candidate is medically fit.*

I, \_\_\_\_\_ M.D., hereby certify that I have read the above description of the physical test for this Firefighter Candidate. I have examined and certify that this candidate is medically fit and give my consent for the above Firefighter Candidate to take part in the physical agility test based on the requirements that are outlined in the attached Fernandina Beach Fire Department's physical agility test document.

\_\_\_\_\_  
**PHYSICIAN'S NAME (PLEASE PRINT)**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**PHYSICIAN'S SIGNATURE**

\_\_\_\_\_  
**PHYSICIAN'S LICENSE NUMBER**

**PHYSICIAN'S OFFICE ADDRESS:**

**(STREET):** \_\_\_\_\_ **(CITY):** \_\_\_\_\_

**(STATE):** \_\_\_\_\_ **(ZIP CODE):** \_\_\_\_\_

**(OFFICE PHONE):** \_\_\_\_\_



additional information on this physical test, contact the Fernandina Beach Fire Chief at 904/277-7331.

**FIREFIGHTER CANDIDATE WAIVER**

**This waiver and release form is to be signed by the Firefighter Candidate and be in the possession of the Firefighter Candidate prior to commencing the test.**

I, \_\_\_\_\_ do hereby consent to, understand, acknowledge and agree to assume all risks and hazards incidental to my participation in the agility testing conducted by the City of Fernandina Beach Fire and Rescue Department in order to evaluate my fitness for employment.

I do further promise and hereby further agree to waive, release, absolve, and covenant not to sue the City of Fernandina Beach, its mayor, commissioners, employees, officers, volunteers, representatives, attorneys and agents, for any and all claims, including claims for equitable or injunctive relief, damages, loss or injury of any kind resulting from or in any way arising directly or indirectly out of my participation in the agility testing conducted by the City of Fernandina Beach Fire and Rescue Department in order to evaluate my fitness for employment. THIS RELEASE INCLUDES A RELEASE FOR ANY AND ALL LOSSES OR INJURIES ARISING OUT OF ANY AND ALL NEGLIGENT OR WRONGFUL ACTS OR OMISSIONS OF THE CITY OF FERNANDINA BEACH, ITS MAYOR, COMMISSIONERS, EMPLOYEES, OFFICERS, VOLUNTEERS, REPRESENTATIVES, ATTORNEYS AND AGENTS.

I further promise and agree to indemnify, defend and hold harmless the City of Fernandina Beach, its mayor, commissioners, employees, representatives, officers, volunteers, attorneys and agents from and against all liability, claims and expense, including reasonable attorneys' fees and costs, in connection with any and all claims whatsoever for personal or bodily injury or death, including loss of use, or property damage of any kind and character in connection with and arising directly or indirectly out of my participation in the agility testing conducted by the City of Fernandina Beach Fire and Rescue Department in order to evaluate my fitness for employment. This indemnity agreement encompasses all damages and claims, including claims for equitable or injunctive relief, arising out of my participation in the agility testing conducted by the City of Fernandina Beach Fire and Rescue Department in order to evaluate my fitness for employment.

THIS RELEASE IS GIVEN AND SIGNED OF MY OWN FREE ACT AND WILL.

FIRE DEPARTMENT CANDIDATE

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

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

**WITNESS:**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

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