**![noble%20patch[1].JPG]()NOBLE FIRE DEPARTMENT**

**200 E. Maple NOBLE, OK 73068**

Application for Employment

**FIRE FIGHTER**

Noble Fire Department

200 E. Maple

P.O. Box 557

Noble, OK 73068

Phone: 405-872-3030

INSTRUCTIONS: PRINT THE ANSWERS TO EACH QUESTION CLEARLY AND COMPLETELY. USE ONLY BLACK INK. APPLICATIONS WHICH ARE NOT COMPLETE WILL NOT BE PROCESSED.

**Personal Information**

\**You must be 18 years of age at time of hire to be eligible for this position*



HAVE YOU PREVIOUSLY BEEN EMPLOYED BY THE CITY OF NOBLE?  Yes  No

IF YES, WHEN AND IN WHAT CAPACITY:

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

HAVE YOU PREVIOUSLY APPLIED WITH THE NOBLE FIRE DEPARTMENT?  Yes  No

IF YES, WHEN?

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ARE YOU A UNITED STATES CITIZEN?  Yes  No

IF NO, DO YOU HAVE THE RIGHT TO WORK IN THE US? EXPLAIN

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HAVE YOU EVER BEEN CONVICTED OF ANY CRIME?  Yes  No

IF YES, EXPLAIN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*The City of Noble is and Equal Opportunity Employer*

The City of Noble does not discriminate on the basis of race, color, religion, sex, national origin,

Marital or veteran status, political affiliation, disability, or any other legally protected status.

HAVE YOU EVER BEEN ARRESTED FOR ANY CRIME?  Yes  No

IF YES, EXPLAIN: ­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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HAVE YOU EVER BEEN LISTED AS A PARTY TO A VICTIM’S PROTECTION ORDER?  Yes  No

IF YES, EXPLAIN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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ARE YOU, OR HAVE YOU EVER BEEN CERTIFIED AS A Basic, Intermediate, Advance EMT, Paramedic?  Yes  No

IF YES, License Number and State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever served in the Armed Forces, National Guard or Military Reserves?  YES  NO \*(If yes, please answer the information below)

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

Dates of Active Duty service: From:\_\_\_\_\_\_\_\_\_\_\_ To: :\_\_\_\_\_\_\_\_\_\_\_ Requirement dates after active duty: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Discharge:  Honorable  General  Medical  Less than honorable \*(Must provide a DD-214)

Did you ever receive any judicial or non-judicial discipline while in the military?  Yes  No \*(if yes, please explain in detail any and all incidents: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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LIST YOUR CURRENT OR MOST RECENT EMPLOYER INFORMATION IN THE SPACE BELOW









**AT THIS POINT, PLEASE STOP AND READ THE ATTACHED JOB DESCRIPTION FOR FIRE FIGHTER**

AFTER REVIEWING THE JOB DUTIES, JOB QUALIFICATIONS, THE WORKING CONDITIONS, AND THE PHYSICAL REQUIREMENTS SECTION OF THE JOB DESCRIPTION, ARE YOU ABLE TO PERFORM THEM WITH OR WITHOUT REASONABLE ACCOMODATION?  Yes  No

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

 INITIAL

NOBLE FIRE DEPARTMENT

Application for Employment

**STATEMENT OF TRUTH AND PERMISSION TO INVESTIGATE**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, CERTIFY 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 UDERSTANDING THAT THE TRUTHFULNESS OF ALL STATEMENTS HEREIN WILL BE INVESTIGATED AND IF FOUND INCORRECT, INCOMPLETE, OR MISLEADING, IT MAY RENDER ME INELIGIBLE FOR EMPLOYMENT WITH THE CITY OF NOBLE.

I HEREBY AUTHORIZE EDUCATIONAL AND OTHER INSTITUTIONS, MY REFERENCES, MY EMPLOYERS, BUSINESS AND PROFESSIONAL ASSOCIATES, DOCTORS WHO HAVE TREATED ME AND HOSPITALS WHERE I HAVE BEEN CONFINED, ALL GOVERNMENT AGENCIES AND INSTRUMENTALITIES AND ALL CONSUMER REPORTING AGENCIES TO RELEASE TO THE CITY OF NOBLE OR ANY OF ITS OFFICERS, ANY INFORMATION, FILES, RECORDS, OR CREDIT REPORTS REQUESTED BY THE CITY OF NOBLE IN CONNNECTION WITH THE PROCESSING OF THIS APPLICATION.

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

 SIGNATURE OF APPLICANT DATE

**REQUIRED DOCUMENT**

**CHECK LIST**

The below listed documents are to be provided by the applicant. These documents, along with this checklist, must be turned in with the Personal History Statement. Place your initials in the spaces provided to the left of this form to verify the required documents have been obtained. If a particular document does not apply to you, enter “N/A” in the space provided.

**YOU MUST OBTAIN ALL REQUIRED DOCUMENTS OR EXPLAIN IN WRITING WHY YOU DID NOT. FAILURE TO DO SO MAY RESULT IN THE REJECTION OF YOUR APPLICATION.**

\_\_\_\_1. Completed Application

\_\_\_\_2. Current Resume

\_\_\_\_3. Signed Firefighter Pension Waiver and Release

\_\_\_\_4. High School Diploma/G.E.D. and High School Transcripts

\_\_\_\_5. College Diploma and College Transcripts

\_\_\_\_6. Copy of State Issued Driver License

\_\_\_\_7. Military Discharge Form DD-214

\_\_\_\_8. Copy of E.M.T. License if Applicable

\_\_\_\_9. Other Certificates, Awards or Commendations that you would like to be considered

\_\_\_\_10. Any Temporary Restraining Order or Temporary Protection Order issued on your behalf or against you

CERTIFICATION

I hereby certify that I have read and understood the above information. I further understand that failure to provide the necessary requested documents or offering fictitious/erroneous statements may result in the rejection of my application.

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

Applicant’s Name (Print)

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

Signature Date

**EDUCATION**

**HIGH SCHOOL, TECHNICAL, COLLEGE**

High School Address Date Attended From/To Diploma

College Address Date Attended From/To Degree

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

College Address Date Attended From/To Degree

College Address Date Attended From/To Degree

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College Address Date Attended From/To Degree

Technical School Address Date Attended From/To Field of Study

Technical School Address Date Attended From/To Field of Study

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Technical School Address Date Attended From/To Field of Study

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Job Description

For Entry Level Fire Service Personnel

**Purpose of Position**:

This is a non-exempt position performing fire suppression, prevention, and life safety duties in the fire department.

**Summary of Essential Duties:**

Performs firefighting duties such as combating, and extinguishing fires, and answering emergency calls with an Engine or miscellaneous vehicles. Lay and connects hoses, direct water on burning structures, raise and climb ladders. Use other firefighting techniques such as ventilating burning buildings, administer first aid to injured persons, performs salvage operations.

Trains for and participates in the protection of life, and property by fire fighting and rescue activities. Participates in fire drills and attends training classes in firefighting and related subjects. Handles routine custodial maintenance of fire department equipment (I.E. oxygen breathing equipment, resuscitation equipment etc.) apparatus and quarters. Conforms to the safety requirements of the department.

The Applicants must possess the capacity learn to following traits:

* Ability to learn firefighting and emergency medical principles, techniques and procedures.
* Ability to communicate, understand and follow oral and written instructions.
* Ability to work as part of a team.
* Ability to perform a wide variety of firefighting duties, evolutions and methods.
* Ability to apply first aid methods and life saving techniques.
* Willingness to work irregular hours.
* Physical strength and agility in performing tasks under strenuous and adverse conditions.

**Minimum Qualifications:**

Since this is an entry level classification, most of the qualifications include the ability to take orders from the other firefighting personnel, learn firefighting skills, apparatus and equipment maintenance. The applicant will be required to obtain National Certification as an Advanced EMT within 24 months from the date of employment.

**Essential Working Conditions/Physical Requirements**

Such essential functions are performed in and affected by the following environmental factors:

1. Operate both as a member of a team and independently at incident of uncertain duration
2. Spend extensive time outside exposed to the elements
3. Tolerate extreme fluctuations in temperature while performing duties. Must perform physically demanding work in heat ( up to 1300 F), humid ( up to 100%) atmospheres while wearing equipment that significantly impairs body cooling mechanisms
4. Experience frequent transition from hot too cold from humid to dry atmospheres.
5. Work in wet, icy, or muddy area.
6. Perform a variety of task on slippery, hazardous surfaces such as roof tops or from ladders
7. Work in areas where sustaining traumatic injuries or death is possible.
8. Face exposure to carcinogenic dusts such in asbestos, toxic substance such as hydrogen cyanide, carbon monoxide, or organic solvents either through inhalation or skin contact.
9. Face exposure to infectious agents such as hepatitis B or HIV
10. Wear personal protective equipment that weighs approximately 50 pounds while performing these tasks.
11. Perform physically demanding work while wearing positive pressure breathing equipment with 1.5 inches of water column resistance to exhalation at a flow of 40 liters per minute.
12. Performs complex tasks during life-threatening emergencies.
13. Work for long periods of time, requiring sustained physical activity and intense concentration.
14. Face life or death decisions during emergency conditions.
15. Exposed to grotesque sights and smells associated with major trauma and burn victims.
16. Make rapid transitions from rest to near maximal exertion without warm-up periods.
17. Operate in environments of high noise, poor visibility, limited mobility, at heights and in enclosed or confined spaces.
18. Use manual and power tools in the performance of duties.
19. Rely on speech, as well as sense of sight, hearing, smell, and touch to help determine the nature of the emergency, maintain personal safety, and make critical decisions in a confused, chaotic, and potentially life threating environment throughout the duration of the operations.
20. Lift varying weighs, without stopping for various distances.

**Testing Process**

**Any applicant applying for a full time Firefighter position will have to produce a Valid Drivers’ License and a High School Diploma or Equivalent on the Day of Testing**

1. The applicant shall be given a physical agility/performance test. The test applicant must pass all six (6) functions of the physical agility /performance test. The six (6) functions are as follows:
2. Candidate shall run one and one half (1.5) miles in thirteen (13) minutes.
3. Candidate shall perform thirty-five (35) bent knee sit-ups within two (2) minutes.
4. Candidate shall perform twenty five (25) standard push-ups.
5. 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 (1.5) inch hose the length of the beam without falling or stepping off.
6. Candidate shall lift from the floor and carry the weight of one hundred and twenty five (125) pounds, one hundred fifty (150) feet without stopping, or dropping the weight.
7. 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 the waist level and without letting go, touch it to the floor approximately twelve (12) inches outside of each foot. Repeat these maneuvers seven (7) times for a total of fourteen (14) moves. This shall be done in less than thirty-five (35) seconds.

1. The applicant upon successful completion of the agility/performance test shall be given a one hundred (100) question, general knowledge written test. A score of at least seventy (70) percent must be achieved in order to advance in the hiring process.
2. The applicant upon successful completion of both the agility/performance test and the written test shall be given a scheduled date and time for the oral review board.

 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 Form](http://www.ok.gov/fprs%20Form%20)

**WAIVER AND RELEASE**

 I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , having filed an application to participate in examinations to be held for the position of an eligible Firefighter for the City of Noble 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 test, do hereby and in consideration of the City or Fire Protection District of The City of Noble, Oklahoma, having permitted me to participate in the Department of the City of Noble, 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 it's 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."

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Date Signature of Applicant

 SS:# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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