TOWN OF COLLIERVILLE EMPLOYMENT APPLICATION



THE TOWN OF COLLIERVILLE IS AN EQUAL OPPORTUNITY DRUG FREE WORKPLACE EMPLOYER

Overview of the hiring and employment process: This application is but one part of the hiring and employment process. Other parts may include an interview, an employment examination or test, and a demonstration of an ability to perform the essential functions of the job. If you need an accommodation in order to complete the application or any part of the hiring and employment process, please call the following number: 901-457-2290. Prior to completing this application, be sure to read the JOB DESCRIPTION of the position for which you are applying.

As you complete the application, please bear in mind the following: if an item does not apply to you, write N/A; we reserve the right to check all information for accuracy and completeness; all applications for employment are a matter of public record. Any misstatements or omissions of material fact herein may cause any offer of employment made by the Town of Collierville to be withdrawn or employment with the Town of Collierville terminated. Failure to fully complete this application in a legible manner may result in immediate rejection.

This application will be considered active only until the position for which it has been submitted has been filled. Any applicant wishing to be considered for employment other than the position applied for should inquire as to when applications are being accepted and reapply. Please note the Town of Collierville's Personal Appearance policy does not allow for visible tattoos or visible piercings. The exception to this policy is piercings on the earlobe.

GENERAL INFORM	ATION ——				
Date:	Job Number ((see job advertisen	ient) 1	2	
Position Desired 1			5.0		
Are you applying for:	Full Tim	e	Part Time	Seasonal	
If Part Time, what days/hour	s are you available	:			
Have you applied with the To					
Have you been employed by	the Town of Collie	erville before? (Ci	cle) Yes	No	
		•	ŕ		
Position Held:		D	epartment:		
PERSONAL INFORM	IATION ——				
Your Name:					
	Last	Fir	st	Middle	
Phone Numbers: Home		Cell		Business	
Address:					
, 	Number	Str	eet		
	City	Sta	te	Zip Code	
Email Address:					

PERS	UNAL INFUR	CIVIATIO	JN (cont.) ——				
Do you	have a legal right	to work in	the U.S.? (Circle)	Yes No			
Are you	over the age of 18	? (Circle)	Yes No				
Are you	related to any tow	m official	or employee? Yes	s No	If yes,	please state	e name, department
	•						
Do you	possess a valid dri	ver's lice	nse?Yes No	For what state?		Expiration	on Date:
CDL?	Yes No_		Class:	Endorsements	S:		
			or the position(s) you				
-	_	_	ions of this/these pos				
			ations and skills (lice				
List ally	Job Telated specia	i quaiiiica	itions and skins (nee	inses, certifications	s, skills with illacii.	ines, etc.).	
T			1 1 0				
List con	nputer software pro	ograms ar	d number of years'	experience:			
How die	d you find out abou	ut this pos	ition? Please select	all that apply:			
TOC H	R Department			TOC Employee (p	lease specify)		
Website	e (please specify)			Newspaper (please	e specify)		
Career 1	Fair (please specify	y)		Other			
YOUH	R EDUCATIO	N AND	TRAINING —				
Circle h	ighest grade comp	leted:		.07		(D) (D)	***
				OOL 4 1 2			UATE SCHOOL
			1 2 3	4 1 2	3 4	1 2	3 4
S	CHOOLS	NAI	ME & ADDRESS	СНЕСК	DEGREE	S/Q	MAJOR COURSE
Б	CHOOLS	1	OF SCHOOL	IF GRAD	OBTAINED	HRS	WORK
HIG	H SCHOOL/						
	GED						
	A L EGE OD						
	OLLEGE OR NIVERSITY						
O1	TV ERSII I						
G	RADUATE						
	SCHOOL						
	CATIONAL/						
E	BUSINESS						
λ.	 IILITARY						
	SCHOOLS						
	CHOOF2						
OTH	ER STUDIES/						
	IAL TRAINING						

DEDCOMAL INFORMATION (

EXPERIENCE -

A RESUME OF YOUR EMPLOYMENT RECORD <u>WILL NOT</u> BE ACCEPTED IN PLACE OF THE REQUESTED EMPLOYMENT INFORMATION

Starting with your current or last job, list your last three (3) employers since age 18. If your last three (3) employers do not cover a period of ten (10) years, list previous employers, including self-employment, military service and volunteer work, to account for ten (10) years of employment. <u>Use an additional sheet, if necessarv</u>. Account for all periods of unemployment, but if you were unemployed because of medical reasons do not give any specific information, just state "medical." A resume may be included as a supplement to the application.

		Sec .	
Street Address, City, State		*	
Phone Number		Hours/Week	
Your Job Title		May we contact this employer? Yes	No
Reason(s) for leaving:			
NEXT PREVIOUS EMPLO	OYER		*
		Ţ	
Phone Number			
Starting Date	Ending Date	Hours/Week	
Supervisor's Name and Title			
Your Job Title		May we contact this employer? Yes	No
Reason(s) for leaving:			
NEXT PREVIOUS EMPLO	OYER		
Street Address, City, State			
Phone Number			
Starting Date	Ending Date	Hours/Week	
Supervisor's Name and Title			
Your Job Title		May we contact this employer? Yes	No

for employment.						
Name	Address	Phone Number	Years			

Please list three responsible persons (other than relatives or former employers) who have knowledge of your qualifications

READ THE FOLLOWING STATEMENT BEFORE SIGNING YOUR APPLICATION:

I hereby certify that all statements made on this application are true and complete to the best of my knowledge and belief. I understand and agree that any misstatements or omissions of material facts herein may cause an offer of employment made by the Town of Collierville to be withdrawn or my employment with the Town of Collierville terminated. I further understand that all information provided herein is public record and is subject to review upon request.

I authorize the Town of Collierville to conduct a thorough investigation of my references and past employment and to conduct background checks consisting of the following: credit, criminal and driver's license, and any other job related certifications. I understand that if an offer of employment is made to me, I may be required to submit to a physical examination and a review of my medical history. Accordingly, I authorize these parties having knowledge of my past (including financial and credit records) to cooperate in this procedure by releasing information as requested. I respectfully request that former employers furnish the necessary information concerning my employment with their organization and I hereby release them from any and all liability for damages for providing information requested.

I do acknowledge and accept that under Tennessee law, any information with the exception of medical, will become public record upon receipt by the Town of Collierville. I hereby waive any rights or claims I may have, whether presently fully developed or not, against the Town of Collierville or its agents or employees, arising out of, or resulting from the release, authorized or unauthorized, of the information received pursuant to or in connection with the Town of Collierville's handling, processing, investigation, etc. of my application for employment with the Town of Collierville.

If I am hired, I agree to conform to the rules and regulations of the Town of Collierville set forth in the Town of Collierville's personnel policies and procedures and acknowledge that these rules and regulations may be changed by the Town of Collierville at any time, at the Town of Collierville's sole option and without any prior notice to me. I acknowledge that if I am employed, my employment will be at will and may be terminated with or without cause at any time by me or by the Town of Collierville. I agree to conform to the Town of Collierville's drug-free workplace policy and agree to submit to drug tests as required by the Town of Collierville.

Applicant's Signature			Date
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APPLICATIONS MUST BE SIGNED AND DATED.
UNSIGNED APPLICATIONS WILL RESULT IN IMMEDIATE REJECTION.

TOWN OF COLLIERVILLE

REFERENCES

Human Resources 500 Poplar View Parkway Collierville, TN 38017



NOTICE TO APPLICANTS
Screening tests for illegal drug
use may be required as a
condition of employment



Town of Collierville Fire & Rescue



Dear Applicant,

Thank you for your interest in joining the Town of Collierville Fire Department. Enclosed in this application packet is material relevant to minimum requirements and the selection process. Applicants are expected to read all the material enclosed within this packet prior to submitting an application, so you will know what will be expected of you to complete the selection process.

When applying for the Collierville Fire Department, you must include copies of your current certifications and/or licenses. If the application is turned in without the requested documents, the application will <u>not</u> be forwarded to the Fire Department for consideration.

If you have any questions on the application process, feel free to contact the Human Resources Department at 901-457-2290.

Thank you.



Collierville Fire & Rescue CANDIDATE PHYSICAL ABILITY TEST (CPAT)



Performing the Candidate Physical Ability Test

This evaluation is intended to measure and evaluate a candidate's capacity to perform firefighter-related tasks in an adequate manner. Applicants must be physically able and strong enough to perform the essential duties of a firefighter.

Preparing for the Candidate Physical Ability Test

The most effective way to prepare for the exam is to be in the best possible physical condition. General physical conditioning exercises that enhance your endurance, stamina, and strength will be advantageous. The recommended exercises for general conditioning include walking, sprinting, swimming, stair climbing, sit-ups, push-ups, weightlifting, etc. Before taking the physical ability test, candidates should consult their physician to ensure they are in excellent physical condition and do not have any medical conditions that could prevent them from taking the test. On the day of the examination, consume water before taking the examination, refrain from consuming for at least three hours before the examination, and stretch before taking the examination.

How to Dress

Candidates should wear activewear that is comfortable. The prescribed attire includes sweatshirts, T-shirts, and rubber-soled shoes, such as tennis shoes or work boots. Pants that are comfortable, such as denim or sweatpants, should be worn. Avoid wearing tight clothing. During the evaluation of physical aptitude, gloves may be worn. All stations will require candidates to don a turnout coat with a liner, a helmet, and a SCBA harness with an air bottle. Before beginning the test, candidates will assume this gear, which weighs approximately 45 pounds. Food, drink, and tobacco products are not permitted during the examination. At the assessment, candidates will have access to water and are encouraged to stay hydrated.

Pre-Health Exam and Termination of Evaluation

Prior to participating in the Candidate Physical Ability Test , all applicants will be required to have their resting pulse rate and blood pressure measured upon arrival. If the candidate's resting heart rate exceeds 110 beats per minute and/or resting blood pressure exceeds 160/100 mmHg, he or she will be given a 10-minute rest period and reevaluated. If the candidate's resting pulse rate exceeds 110 beats per minute and/or their resting blood pressure exceeds 160 or 100 mmHg, they will be disqualified from the physical ability test.

For the premature termination of this assessment of physical ability, the following will be rigorously adhered to:

- Onset of angina or angina-like symptoms;
- □ Indicators of inadequate perfusion include lightheadedness, vertigo, confusion, pallor, cyanosis, nausea, and cold, clammy skin;
- Physical or verbal signs of excessive fatigue;
- □ The candidate requests that the evaluation end.

What to Bring to the Evaluation

On the day of the examination, candidates must present a valid government-issued photo ID, or they will not be allowed to take the examination.

Hold Harmless Agreement

Before being permitted to participate in the Candidate Physical Ability Test, candidates must execute a "Hold Harmless Agreement" releasing the Town of Collierville from any liability or injury (see agreement below).

Evaluation

Candidates will report to the orientation station for evaluation. There will be an overview and tour of the assessment site, and any queries will be answered. Candidates will wait at the starting line until instructed to commence by the assessor. Candidates will be provided with equipment and verbally instructed to don it prior to commencing the examination. During the evaluation, running is prohibited; only brisk walking is permitted. Running is defined as moving so rapidly that both feet leave the ground simultaneously. During this examination, candidates may not be assisted in any way, including by having items handed to them or being held (except in an emergency). Upon completion of the final event, the cumulative completion time will be recorded. Candidates must return to the orientation station after completing the assessment and remain there until released by the assessment evaluator.

The procedure may include up to nine (9) physical ability-assessing events. During all events, the candidate must wear a helmet, gloves, turnout suit, and SCBA harness with an attached bottle (but no mask). Events 1 through 9 will be timed as one continuous event. There will be no time between events for recuperation. The candidate's time will begin when they begin event #1 and conclude when they complete the final scheduled event. After the candidate has completed events 1 through 9, their vital signs will be evaluated again. The participant will be disqualified from the competition if he or she departs without having his or her vital signs taken and signing a vital sign card.

EVENTS:

The candidate must don a provided turnout jacket, SCBA, helmet, and gloves during all events. The candidate is not permitted to run at any moment but must understand that this is a series of events that must be completed continuously and timed. Whenever a candidate feels the need to stop due to injury or pain, he or she must promptly notify the evaluator, and the candidate's assessment will be terminated.

Event #1: Stair Climb

The candidate's time will begin when he or she contacts the hotel pack. The candidate will lift the pack and position it on their shoulder in preparation for a climb. The candidate will ascend and descend the stairs three times while carrying the hotel bag. When the candidate touches the platform for the third time, he or she will position the hotel pack on the landing. The individual will then ascend and descend the stairs three more times. On the sixth occasion that the candidate's feet contact the platform, he or she will retrieve the hotel bag from the landing and descend the stairs while carrying the bag. The knapsack will be placed on the ground.

Event #2: Hand over Hand

The candidate will ascend the stairs and reach the landing. The candidate will position themselves against the railing and, using the hand-over-hand method, will begin lifting the 2-and-a-half-foot tubing over the railing. Before being lowered, the roll must contact the landing near the candidates' feet. This will be repeated twice, after which the candidate will descend the stairs.

Event #3: Foam Carry

The candidate will transport two containers of foam for a total of 50 feet. One pail will be carried in each hand to a 25-foot-tall cone. The candidate must circumnavigate the perimeter of the cone and then return the containers to their original location.

Event #4: Victim Drag

The candidate is required to elevate a manikin from a supine position and initiate a 50-foot victim drag. The candidate must transport the victim to a cone located 25 feet away. The candidate must circumnavigate the circumference of the cone and then return the manikin to its original location.

Event #5: Hose Stretch

The candidate must grasp the hose close to the nozzle and prepare for a 100-foot charged hose draw.

Event #6: Ventilation Event

The candidate will use a sledgehammer to replicate removing shingles from a roof. The candidate must strike the supplied object 30 times using their entire range of motion. Chops cut in half do not qualify.

Event #7: Ladder Raise

The candidate will grab the provided ladder and raise it hand-over-hand against the wall until it is entirely upright. The candidate will then lower the staircase in a manner identical to its ascent.

Event #8: Crawl/Maze

The candidate will enter the search area at the designated point and crawl to the opposite exit.

Event # 9: Ceiling Breach and Pull

The candidate must seize the pole and prepare to simulate ceiling tugging. The candidate must perform a full draw with the hand passing the waist while standing in the designated area. The candidate will completely lower the pole while maintaining control and preventing rope slack. It will be repeated thirty times.

The Town of Collierville reserves the right to modify the Candidate Physical Ability Test procedure described in whole or in part due to weather, staffing, mechanical failure, etc. without notice or obligation.



TOWN OF COLLIERVILLE

CANDIDATE PHYSICAL ABILITY TEST RELEASE AND WAIVER FORM

,	, residing at	in th	he Town of Collierville
,, county of	, sta	te of	, hereby attest
that I have voluntarily applied to participates. I have had the opportunity to reverse, and I have done so.	ate in the Town of Collierv	ille fire department Can	ndidate Physical Ability
am aware that the physical ability test have no known medical conditions that we discharge the Town of Collierville, its offiall actions, claims, or demands that I and have now or in the future for any locarticipation in the Town of Collierville claims of any kind or nature, anticipated on the event that I sustain an injury or illume and transport me to a medical facility and hold harmless agreement. I am awas the Town of Collierville. I am at least eight	would prevent me from particers, employees, or agered my heirs, distributes, gubess, personal injury, dear Candidate Physical Ability or unanticipated, known thess, I authorize officials of at their discretion. The thoroughly read and full are that this is a release of the control of the c	articipating in this eventh, and the Town of Coardians, legal represent th, or property damage Test. This waiver and or unknown. If the responding emerged the all the fliability and a contraction of the second the all the second t	t. I hereby release and ollierville from any and tatives, or assigns may ge resulting from my d release applies to all gency services to treat bove waiver of liability at between myself and
Signature of Ca	andidate		Date
Signature of W	Vitness		Date
Candidate's photo ID checked	d and verified by: _		

NOTICE TO ALL APPLICANTS FOR FIREFIGHTER WITH THE TOWN OF COLLIERVILLE

Preparing a new employee with the training needed to begin their work as a Firefighter for the Town of Collierville requires sending them through a state approved fire academy. The total cost to the Town of Collierville in this training and required equipment is approximately \$9,218 (nine thousand two hundred eighteen). The Town will incur these costs, providing an applicant who becomes employed by the Town agrees to remain with the Fire Department for two (2) years following completion of the fire academy.

If an applicant, once employed, should leave the Fire Department prior to this, they shall reimburse the Town 1/24th (one twenty-fourth) of the total cost of training and equipment for every month prior to the completion of their 24 (twenty-four) months.

This notice is to any applicant who is successful in receiving a job offer from the Fire Department. The job offer is contingent on the applicant signing a contract with the Town to the aforementioned conditions.