



CUMBERLAND FIRE DEPARTMENT

3502 MENDON ROAD
CUMBERLAND, RI 02864

Kenneth A. Finlay
Chief of Department

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PROBATIONARY FIREFIGHTER RECRUITMENT PACKAGE 2018

APPLICANT INSTRUCTIONS

1. Read the entire application and packet completely.
2. Answer all the questions contained within the application form.
3. Do not submit an uncompleted application. Applications are to be hand delivered or sent via certified mail.
4. Type or print application neatly using blue or black ink only.
5. You must submit a photocopy of the following documents with your completed application.
 - a. Birth certificate or US Passport or Naturalization Papers.
 - b. Motor Vehicle Operator's License.
 - c. National EMT-Basic or higher-level License.
 - d. Rhode Island Firefighter Physical Performance Assessment Testing Certificate issued by the Rhode Island Association of Fire Chiefs. (A registration receipt for April 2019 testing will be accepted)
 - e. Must furnish a certified copy of your driver's record (obtained within 90 days prior to application) from the Motor Vehicle Registry of the State in which you reside.
 - f. Copies of all fire service credentials and certificates.
6. All documentation must be returned in person.
7. Minimum age 18, Maximum age 45 (must not have reached age 45 prior to conditional offer of employment).
8. A non-refundable processing fee of **\$60** is due at time of application submission via **bank check** or **money order** only. Checks made payable to the "CUMBERLAND FIRE DEPARTMENT"
9. If you fail to produce these items at the time you submit your application, we will not be able to process your application. No exceptions.
10. Application period begins December 5, 2018 at 12pm and ends December 28, 2018 at 12pm.

Telephone Inquiries: (401) 658-0544

Onsite Inquiries: Cumberland Fire Department Headquarters
3502 Mendon Road
Cumberland, RI 02864
Monday through Friday 8:00 am to 4:00 pm

ESSENTIAL JOB FUNCTIONS

Consistent with NFPA 1582 and Cumberland Fire Department Policies and Procedures.

1. While wearing personal protective ensembles and self contained breathing apparatus (SCBA), performing firefighting tasks (e.g., hose line operations, extensive crawling, lifting and carrying heavy objects, ventilating roofs or walls using power or hand tools, forcible entry), rescue operations, and other emergency response actions under stressful conditions including working in extremely hot or cold environments for prolonged time periods
2. Wearing an SCBA, which includes a demand valve–type positive-pressure face piece or HEPA filter masks, which requires the ability to tolerate increased respiratory workloads
3. Exposure to toxic fumes, irritants, particulates, biological (infectious) and non-biological hazards, and/or heated gases, despite the use of personal protective ensembles and SCBA
4. Climbing six or more flights of stairs while wearing a fire protective ensemble, including SCBA, weighing at least 50 lb (22.6 kg) or more and carrying equipment/tools weighing an additional 20 to 40 lb (9 to 18 kg)
5. Wearing a fire protective ensemble, including SCBA, that is encapsulating and insulated, which will result in significant fluid loss that frequently progresses to clinical dehydration and can elevate core temperature to levels exceeding 102.2°F (39°C)
6. While wearing personal protective ensembles and SCBA, searching, finding, and rescue-dragging or carrying victims ranging from newborns to adults weighing over 200 lb (90 kg) to safety despite hazardous conditions and low visibility
7. While wearing personal protective ensembles and SCBA, advancing water-filled hose lines up to 2 ½ inch (65 mm) in diameter from fire apparatus to occupancy [approximately 150 ft (50 m)], which can involve negotiating multiple flights of stairs, ladders, and other obstacles
8. While wearing personal protective ensembles and SCBA, climbing ladders, operating from heights, walking or crawling in the dark along narrow and uneven surfaces that might be wet or icy, and operating in proximity to electrical power lines or other hazards
9. Unpredictable emergency requirements for prolonged periods of extreme physical exertion without benefit of warm-up, scheduled rest periods, meals, access to medication(s), or hydration
10. Operating fire apparatus or other vehicles in an emergency mode
11. Critical, time-sensitive, complex problem solving during physical exertion in stressful, hazardous environments, including hot, dark, tightly enclosed spaces, that is further aggravated by fatigue, flashing lights, sirens, and other distractions
12. Ability to communicate (give and comprehend verbal orders) while wearing personal protective ensembles and SCBA under conditions of high background noise, poor visibility, and drenching from hose lines and/or fixed protection systems (sprinklers)
13. Functioning as an integral component of a team, where sudden incapacitation of a member can result in mission failure or in risk of injury or death to civilians or other team members
14. Perform all of the functions of an Emergency Medical Technician Cardiac Level in line with the Rhode Island Department of Health Protocols, rules, regulations and General Orders.

Date of Application _____



**CUMBERLAND FIRE DEPARTMENT
FIREFIGHTER EMPLOYMENT APPLICATION**

3502 Mendon Road
Cumberland, RI 02864
(401) 658-0544

Application must be typed or printed neatly in blue or black ink.

1. PERSONAL HISTORY		
Name (Last, Middle, First)		
Current Address (Street and Number, City, State, Zip)		
Current Phone Numbers		
Home:	Cell:	Work:
Email Address		
Date and Place of Birth		
Date:	City:	County: State:
Are You a United States Citizen? (If naturalized, submit a copy of official paperwork)		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Social Security Number:		
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		

2. CHARACTER REFERENCES			
List three (3) character references. So not include relatives, former employers, or persons living outside the United States. List only character references that have a definite knowledge of your qualifications and fitness for the position for which you are applying.			
Name	Years Known	Address	Home Phone #

3. EMPLOYMENT HISTORY

Beginning with your current or most recent job, list your work history for the past TEN years.
(Include part-time, seasonal, and temporary)

1. Name and Address of Employer:

Dates worked: From (mm/yy):

To (mm/yy):

Job Position or Title:

Full-time

Part-time

Seasonal

Description of Duties:

Name and Telephone Number of Supervisor:

Reason for Leaving:

2. Name and Address of Employer:

Dates worked: From (mm/yy):

To (mm/yy):

Job Position or Title:

Full-time

Part-time

Seasonal

Description of Duties:

Name and Telephone Number of Supervisor:

Reason for Leaving:

3. Name and Address of Employer:

Dates worked: From (mm/yy):

To (mm/yy):

Job Position or Title:

Full-time

Part-time

Seasonal

Description of Duties:

Name and Telephone Number of Supervisor:

Reason for Leaving:	
4. Name and Address of Employer:	
Dates worked: From (mm/yy):	To (mm/yy):
Job Position or Title:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal
Description of Duties:	
Name and Telephone Number of Supervisor:	
Reason for Leaving:	
If you need more space, please continue on a separate sheet of paper	

4. EMPLOYMENT RECORD
<p>Have you ever been involuntary terminated from a full or part-time job, whether it was termed fired, terminated, suspended, laid-off or furloughed?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, describe the circumstances).</p>
<p>Have you ever resigned (quit) after being informed that your employer intended to discharge you?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, describe the circumstances).</p>
<p>Have you ever had any disciplinary actions taken against you at any of your jobs (written reprimands, suspensions with or without pay, forfeiture of benefits or other actions)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, describe the circumstances).</p>

Do you have any reason to believe that a former employer may give you a negative job reference? Yes No (If yes, name of employer and why).

5. PUBLIC SAFETY HISTORY

Are you currently on another department? Yes No

Type: Fire Department Emergency Medical Services Law Enforcement/Corrections

Paid Department Combination paid/Volunteer Volunteer only
 (If claiming for minimum requirement, you must provide a letter from agency head stating you had two consecutive years of active service)

Please list: Department Name, full address, phone number, and current Chief's name.

6. EDUCATION HISTORY

List chronologically all schools you have attended, include high school, college, trade school, vocational school, and other.

Dates Attended	School Name	Address	Date Graduated

7. MILITARY SERVICE

Branch of Service:

Highest Rank Held:

Date of Active Service: From (mm/yy) _____ To (mm/yy) _____

Are you still enlisted, when will you be discharged?

Unit assigned to and responsibilities:

Type of Discharge:

Did you receive any disciplinary action while in the military? (if yes, please explain):

Have you ever been the defended in a court martial? (if yes, please explain):

APPLICANT STATEMENT OF TRUTHFULNESS

This form is to be signed and witnessed in the presence of a Notary Public. Return with application. *Please read the following statement and sign to certify your understanding.*

I certify that all information I have provided in order to apply for and secure employment with the Cumberland Fire Department is true, complete and correct. I understand that all the information I have provided is subject to verification and that any information found to be false, incomplete or misrepresented in any respect, will be sufficient cause to 1) cancel further consideration of this application, or 2) if already appointed, I may be subject to discharge from employment. I have expressly authorized, without reservation, the Cumberland Fire Department, its representatives, employees or agents to contact all references, and any other persons in order to obtain any and all information deemed necessary by them to verify the accuracy of all information provided by me in this application or at other points throughout the entire process including interviews.

I understand that the Cumberland Fire Department does not unlawfully discriminate in employment and no question on this application is used for purpose of limiting or excluding any applicant from consideration on a basis prohibited by applicable local, state or federal law.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

Before me the undersigned, a Notary Public for _____

County, State of _____, personally appeared

Printed name of applicant

And he/she being first duly sworn by me upon his/her oath certified that he/she read and fully understands and accepts all terms of the forgoing Applicant Statement.

Signed and sealed this _____ day of _____, 20_____

Signature of Applicant

Signature of Notary Public

SEAL

My Commission Expires _____