



CITY OF TOCCOA FIRE DEPARTMENT

FRANKIE DEITZ - ASSISTANT FIRE CHIEF
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61 COLONIAL DRIVE TOCCOA, GEORGIA 30577
706-282-3347

The following documents need to be submitted with the completed application:

A copy of your:

1. Valid Driver's License
 2. High School Diploma or GED
 3. Birth Certificate
 4. Social Security Card
 5. DD214 - If you are a veteran
 6. Any certificates or cards related to the Fire Service
- Have a Doctor sign the Medical Affidavit
 - Complete and sign the Name Based Criminal History Record
 - Complete and sign the Driver's History Consent Form
 - Complete and sign the Consent for Drug and Alcohol Screening
 - Sign the Applicant Record Notification
 - Complete and sign the Liability Waiver
-
- Contact the High School from which you graduated, and have them send us a Verification of Graduation Letter on the school's letterhead.
 - Firefighting is a very physical and strenuous job! Candidates must successfully complete a timed Pre-employment Physical Agility Course that is very demanding, so start practicing now!

**Keep the first 6 pages of this packet for your reference.*

TOCCOA FIREFIGHTER AGILITY COURSE

Firefighters will wear a helmet, turnout coat, gloves, and an SCBA without a facepiece. Course must be completed within 7 minutes.

1. From the starting point, walk 20' and pick up a hosepack consisting of 100' of 2 ½" hose, put the hosepack on your shoulder, and climb the stairs to the 3rd floor using the handrail. Upon reaching the 3rd floor, put the hosepack on the floor and climb the stairs to the 4th floor, using the handrail. From the 4th floor, use a rope to hoist a 50' roll of 2½" hose from the ground, to the 4th floor and return to the ground using a hand-over-hand motion. Descend the stairs to the 3rd floor, and pick up the hosepack, carrying it back to the ground floor and return it as found.
2. Pick up a K-12 saw, walk 60' to the fence and make a head to toe cutting motion. Pick up an additional K-12 saw and carry both of them 150' to the Kaiser Sled.
3. Drive the Kiser block to the other side of the prop with a dead-blow hammer. Pick up both saws and walk 80' to the ladder props.
4. Grasp the tip of a 14' roof ladder and walk it up hand-over-hand using the rungs, to a vertical position, then lower it in the same fashion to the ground. Move over to a 24' extension ladder, and using the hand-over-hand method, fully extend it without locking, then fully retract and lock it. Pick up both saws and walk 100' to the hose sled.
5. Put an 1 ¾" hose attached to a weighted sled over your shoulder and drag it 50'. Take the hose off your shoulder and pull the sled 50' toward you with a hand-over-hand motion. Pick up both saws and walk 80' to the dummy drag.
6. Put both saws on the ground and pick up a hose dummy. Drag the dummy, walking backwards, for 60' and put the dummy on the ground.

**CITY OF TOCCOA EMPLOYEE BENEFIT PACKAGE
SUMMARY (Revised 4/16/24)**

Employee's Cost for Health Insurance Coverage:

	\$2,000 Ded. PPO Plan	\$500 Ded. PPO Plan
Employee Only	\$21.83/Wk.	\$45.26/Wk.
Employee Plus Dependents	\$141.67/Wk.	\$201.15/Wk.

Employee's Cost for Dental Coverage:

Employee Only	\$8.38/Wk.	(Employee pays 100% of Dental)
Employee Plus Dependents	\$23.66/Wk.	

Employee's Cost for Vision Coverage:

Employee Only	\$1.36/Wk.	(Employee pays 100% of Vision)
Employee Plus Dependents	\$4.28/Wk.	

Life Insurance

1 x annual salary for Employee
\$5,000 for each dependent

Short Term Disability for Employees

\$60.00 per week beginning 8th day of disability

Long Term Disability for Employees

60% of pay after six months disability

Retirement benefits paid 100% by City

– Eligible after one year employment
Vested after five years employment

13 Paid Holidays

New Year's Day
Martin Luther King Jr. Birthday
Good Friday
Memorial Day
Juneteenth
Independence Day
Labor Day
Veteran's Day
Thanksgiving Day and Friday Following Thanksgiving
Christmas Eve
Christmas Day
Employee Birthday

Sick Leave Incentive

Up to three additional days vacation and/or pay at hourly rate
for using little or no sick leave during fiscal year (July 1-June 30)

Two Weeks Paid Vacation after one year

Six (6) sick days per year

Christmas Bonus

Wellness Program Incentive

Uniforms provided for those departments requiring uniforms

JOB TITLE: Firefighter

FD/7

DEPARTMENT: Fire, City of Toccoa

JOB SUMMARY: This position is responsible for protecting lives and property endangered by fire and other emergency situations.

MAJOR DUTIES:

- o Responds to fires and performs fire suppression activities utilizing firefighting equipment and techniques, including nozzle operation, fire stream direction, and building ventilation.
- o Responds to requests for investigation of gas leaks, suspicious odors, and fire alarms; may inspect burned structures and vehicles.
- o Performs rescue, salvage, and overhaul operations.
- o Administers first response emergency medical care.
- o Participates in mandatory physical fitness programs.
- o Inspects assigned apparatus and equipment; cleans and performs routine maintenance on same; maintains apparatus in ready condition.
- o Participates and assists in training, fire drills, and mock disasters, including set-up and evacuation.
- o May teach fire prevention and fire safety to local school and civic groups.
- o May act as substitute driver of emergency vehicles which could include establishing a fire stream, placing ladders, and monitoring gauges.
- o Performs housekeeping and grounds maintenance duties.
- o Conducts periodic inspections of hoses and hydrants.
- o Conducts station tours.
- o Assists with gathering information and completing fire reports.
- o Assists with inspecting buildings and developing pre-fire plans.
- o Performs other related duties as assigned.

KNOWLEDGE REQUIRED BY THE POSITION:

- o Knowledge of firefighting techniques.
- o Knowledge of firefighting apparatus and equipment.
- o Knowledge of hydraulics and extrication equipment.
- o Knowledge of local, state, and federal fire codes.
- o Knowledge of National Fire Protection Association guidelines and department and city rules, regulations, policies, and procedures.
- o Knowledge of local geography, streets, and buildings.
- o Knowledge of hydrant locations.
- o Knowledge of hazardous materials.
- o Knowledge of potential fire hazards.
- o Knowledge of first responder emergency medical care.
- o Knowledge of building construction and basic mechanics.
- o Skill in operating firefighting equipment and apparatus.
- o Skill in operating rescue and extrication equipment.
- o Skill in operating various hand and power tools.
- o Skill in interpersonal relations.
- o Skill in oral and written communication.

SUPERVISORY CONTROLS: The Captain assigns work in terms of general instructions. Work is reviewed for compliance with instructions and established procedures, accuracy, and the nature and propriety of final results.

GUIDELINES: Guidelines include National Fire Protection Association codes, federal and state laws, local ordinances, building codes, and city and department rules, regulations, policies, and procedures. These guidelines are generally clear and specific, but may require some interpretation in application.

Firefighter I, Fire

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COMPLEXITY: The work consists of related fire suppression and rescue duties. Various emergency and potentially life-threatening situations contribute to the complexity of the work.

SCOPE AND EFFECT: The purpose of this position is to protect lives and property through fire suppression activities, fire prevention and safety activities, and education. Successful performance results in increased public safety and decreased property loss.

PERSONAL CONTACTS: Contacts are typically with co-workers, fire and emergency victims, other emergency personnel, other city employees, utilities personnel, public service agency representatives, and the general public.

PURPOSE OF CONTACTS: Contacts are typically to exchange information, resolve problems, and provide services.

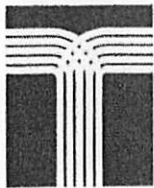
PHYSICAL DEMANDS: The work is typically performed while standing, walking, bending, crawling, crouching, or stooping. The employee must frequently lift light and heavy objects, climb ladders, use tools and equipment requiring a high degree of dexterity, and be able to distinguish between shades of color.

WORK ENVIRONMENT: The work is typically performed at the fire station or at fire scenes. The employee may be exposed to noise, dust, dirt, machinery with moving parts, irritating chemicals, extreme temperatures, smoke, fumes, inclement weather, and hazardous situations and materials. The work requires the use of protective equipment and devices.

SUPERVISORY AND MANAGEMENT RESPONSIBILITY: None.

MINIMUM QUALIFICATIONS:

- o Ability to read, write, and perform basic mathematical calculations at a level commonly associated with the completion of high school or equivalent.
- o No experience requirements.
- o Possession of or ability to readily obtain a valid driver's license issued by the State of Georgia for the type of vehicle or equipment operated.
- o Ability to meet current requirements set forth by the National Fire Protection Association and the Georgia Firefighter Standards and Training Act.



City of Toccoa

An Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

Date: _____

PERSONAL DATA

Name: _____ Social Security No. : _____
(Last) (First) (Middle)

Present Address: _____
(No.) (Street) (City) (State) (Zip)

Telephone No.: _____ Email: _____
(Area Code)

Are you legally eligible for employment in the USA? _____ YES _____ NO *(If yes, verification will be required.)*

Are you of the legal age to work? _____ YES _____ NO

Position applied for: _____

Have you ever been employed by the City of Toccoa? _____ YES _____ NO

If yes, when and what position did you hold? _____

If your application is chosen, on what date will you be available for work? _____ 20 _____

Are there any other experiences, skills, or qualifications which will be of special benefit in the job for which you are applying? *(Applicant should not list any information that Federal and/or State law precludes obtaining in the pre-employment stage.)*

RECORD OF EDUCATION

(Check last year completed in High School or College)

SCHOOL	SCHOOL NAME & ADDRESS	COURSE OF STUDY	LAST YR. COMPLETED	DID YOU GRADUATE?	IF NO, GED? (Y/N)
High School	_____	_____	1 2 3 4	_____	_____

College	_____	_____	1 2 3 4	_____	_____

Other (specify)	_____	_____	1 2 3 4	_____	_____

PERSONAL REFERENCES

(NOT Former Employers or Relatives)

NAME & OCCUPATION	ADDRESS	PHONE NUMBER
_____	_____	_____
_____	_____	_____
_____	_____	_____

RESUME

(List below present and past employment, beginning with your most recent)

NAME & ADDRESS OF COMPANY/ TYPE OF BUSINESS	FROM: MO/YR	TO: MO/YR	STARTING SALARY	ENDING SALARY	REASON FOR LEAVING	NAME OF SUPERVISOR
	DESCRIBE THE WORK YOU DID:					
POSITION HELD:						
PHONE #:						

NAME & ADDRESS OF COMPANY/ TYPE OF BUSINESS	FROM: MO/YR	TO: MO/YR	STARTING SALARY	ENDING SALARY	REASON FOR LEAVING	NAME OF SUPERVISOR
	DESCRIBE THE WORK YOU DID:					
POSITION HELD:						
PHONE #:						

NAME & ADDRESS OF COMPANY/ TYPE OF BUSINESS	FROM: MO/YR	TO: MO/YR	STARTING SALARY	ENDING SALARY	REASON FOR LEAVING	NAME OF SUPERVISOR
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NAME & ADDRESS OF COMPANY/ TYPE OF BUSINESS	FROM: MO/YR	TO: MO/YR	STARTING SALARY	ENDING SALARY	REASON FOR LEAVING	NAME OF SUPERVISOR
	DESCRIBE THE WORK YOU DID:					
POSITION HELD:						
PHONE #:						

I hereby give permission to contact the employers listed above concerning my prior work employment and experience:

Signed: _____

If there is a particular employer(s) you do not wish us to contact, please indicate which one(s). Why?

MILITARY SERVICE RECORD

Were you in the U.S. Armed Forces? _____ YES _____ NO If yes, what branch? _____

Did you receive any training in the U.S. Armed Forces that is relevant to the position applied for?

CONSENT FOR DRUG AND ALCOHOL SCREENING TEST AND REPORTING

(To be signed by all applicants prior to collecting specimen)

I hereby consent to the breath, blood, urine, and other bodily fluids for the presence of illicit chemical substances as defined in the City of Toccoa's Drug-Free Workplace Policy on Substance Abuse, and to the reporting of results of said tests to the Personnel Manager or designee, and to such other persons who are authorized under said Policy to receive such information.

I acknowledge that I have been assured that any information revealed in such a search or screening will be used only for purposes of the City of Toccoa's making decisions about my employment, termination, or employment-related discipline to determine whether I am in compliance with the City's Drug-Free Workplace Policy and that it will not be utilized against me in any criminal proceeding.

I hereby release and agree to hold harmless the City of Toccoa, its elected and appointed officials, the Toccoa Police Department, its Chief, and its Superior Officers, Managers, Supervisors, and Agents from any and all liability arising out of the obtaining of the specimen of any fluids, the administration of the tests to the specimens, and the reporting of the results of the results of the tests in accord with the City's Policies and Procedures.

APPLICANT'S SIGNATURE

DATE

PRINT NAME

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize Toccoa Police Department to conduct an inquiry for

Agency/Company

the purposes listed below and receive any Georgia and/or national criminal history record information as authorized by state and federal law.

Full Name (print)			
Address			
Sex	Race	Date of Birth	Social Security Number

This authorization is valid for 365 days from date of signature.

I, _____, give consent to the above-named entity to preform periodic criminal history background checks for the duration on my employment.

Signature	Date
_____	_____
Attorney for individual (Pur E and U Only)	Date
_____	_____
Bar Number	_____

Date of Inquiry: _____ Time of Inquiry: _____ Operator's Initials: _____

Purpose Code Used: (check one)

NON-CRIMINAL JUSTICE PURPOSES	
<input type="checkbox"/>	E - Employment
<input type="checkbox"/>	M- Working with Mentally Disabled
<input type="checkbox"/>	N- Working with Elderly
<input type="checkbox"/>	W – Working with Children
<input type="checkbox"/>	P – Public Records (no consent required)
PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)	
<input type="checkbox"/>	U- Personal Copy
CRIMINAL JUSTICE EMPLOYEE	
<input type="checkbox"/>	J – Civilian Criminal Justice Employment (State & III Info Received)
<input type="checkbox"/>	Z – Sworn Criminal Justice Employment (State & III Info Received)

The inquiry resulted in the following: (check all that apply)

<input type="checkbox"/>	No Criminal Record Available
<input type="checkbox"/>	Criminal Record (Attached/Released)
<input type="checkbox"/>	No NCIC/GCIC Warrant
<input type="checkbox"/>	Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Wanting Agency Name: _____

Wanting Agency Telephone: _____

Agency Designee Signature

Title

MEDICAL AFFIDAVIT

PHYSICIAN MUST USE THIS FORM

Note to medical personnel:

This applicant, if certified, will have met the medical prerequisites necessary to gain employment or appointment at any fire department in the state of Georgia, including but not limited to, the current department of which he/she is a member.

Firefighters are charged with the responsibilities of mitigating a variety of emergency and non-emergency situations where life, property, or the environment is a risk. Firefighters may be required to work under extremely harsh environmental conditions requiring them to wear cumbersome protective clothing and equipment while performing strenuous physical activities. They may be required to perform rescue work and/or provide emergency medical treatment to individuals suffering from medical or traumatic emergencies. While performing or participating in these operations firefighters may be required to make decisions that could have serious consequences to life and property.

_____ is applying to become a State Certified Firefighter.

I have examined _____ and to the best of my knowledge this person is in good physical condition.

Name of Physician, Physician Assistant, or Nurse (operating under a physician's authority)

Address

Authorized Signature

Date

APPLICANT RECORD NOTIFICATION

Notification

Fingerprints submitted will be used to check the criminal history results of the FBI.

Obtaining Copy

Procedures for obtaining a copy of FBI criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.30 through 16.33 or go to the FBI website at <http://fbi.gov/about-us/cjis/background-checks>.

Change, Correction, or Updating

Procedures for obtaining a change, correction, or updating of an FBI criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34

Print Name

Date

Signature

LIABILITY WAIVER FOR TOCCOA FIRE DEPARTMENT

LIVE FIRE TRAINING PROGRAM

61 COLONIAL DRIVE

TOCCOA, GA 30577

You are registered to participate in our NFPA 1403 Live Fire Training Program which includes hands-on practical training in a fixed facility structure. Please review and complete this liability waiver and return it to the course instructor.

WHEREAS, the undersigned is registered for one or more hands-on Training programs provided by the Toccoa Fire Department instructors.

NOW, THEREFORE, for and in consideration of the privilege of participating in such Training provided by or on behalf of the Toccoa Fire Department, the undersigned, for himself/herself, his/her personal representative, heirs, and next of kin:

- 1. hereby agrees to allow Toccoa Fire Department the use of photographs that have been taken during the program.**
- 2. hereby understands that this training is conducted according to the NFPA 1403 and will abide by all site safety rules.**
- 3. hereby acknowledges that the activities involved in the Training are of a hazardous nature and contain inherent risks of serious injury and/or death and/or property damage. The undersigned also expressly acknowledges that injuries received may be compounded or increased by negligent rescue operations or procedures of the Releases.**
- 4. hereby releases, waives, discharges, and covenants not to sue Toccoa Fire Department, its employees, officers, board, equipment suppliers, agents, representatives, and management (Releases) for any and all loss or damage, and any claim or demands therefore on account of accident, injury, illness, death, or harm of any type arising out or related to the Training, whether caused by the negligence of any Release or otherwise.**
- 5. hereby agrees to indemnify and hold harmless the Releases and each of them from any loss, liability, damage, or cost they may incur arising out of or related to the Training whether caused by the negligence of the Releases or otherwise.**
- 6. hereby assumes full responsibility for any risk of bodily injury, death, or property damage arising out of or related to the Training whether caused by the negligence of Releases or otherwise.**
- 7. hereby agrees that this Liability Waiver extends to all acts of negligence by the Releases, including negligent rescue operations, and is intended to be as broad and inclusive as is permitted by the laws of the State in which the Training is occurring in and that if any portion thereof is held in valid, the undersigned agrees that the balance shall continue in full force and effect.**

I, THE UNDERSIGNED, HAVE READ THIS WAIVER OF LIABILITY, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Student Name (PRINT) _____ Signature _____

Department Name _____ Date ____/____/____