

# ***PETERSBURG FIRE DEPARTMENT***

## **VOLUNTEER FIREFIGHTER**



## **APPLICATION PACKET**

## **“READ before starting application process”**

The personal rewards and satisfaction received from the fire and rescue service are often beyond description. There is a sense of accomplishment after controlling a building fire, joy and elation when a child is comforted, compassion for accident victims, and fulfillment in teaching fire safety that can only be understood by those who share in the experience.

### **The minimum criteria required to be considered for a volunteer position with the Petersburg Fire Department:**

- Must be 18 years old at time of application.
- Provide two forms of photo I.D., one of which must be a valid drivers license
- Have a High School Diploma or GED equivalent.
- Citizen of the United States.
- Have a Social Security Number.
- Have support from family and employer as you actively fulfill the responsibilities of a Petersburg Volunteer Firefighter.
- **Must not be a member of any other volunteer emergency response organization.**
- Sign the Petersburg Fire Dept. “*Letter of Understanding*”.
- Pass the Petersburg Fire Dept. Volunteer Recruit Physical Examination.
- Complete the “Petersburg Fire Dept. VOLUNTEER FIREFIGHTER APPLICATION PACKET”.

### **Additional desired, but not required, criteria:**

- Live within the boundaries of the Petersburg Fire Department
- Previous Fire Service experience
- Previous Medical Service experience
- Training “Certificate of Completion” from accredited fire-training institutions
- Illinois Office of the State Fire Marshal “Firefighter II” certification
- Illinois Office of the State Fire Marshal “Technical Rescue Awareness” certification
- Illinois Office of the State Fire Marshal “Vehicle Machinery Operations” certification
- Illinois Office of the State Fire Marshal “Hazardous Material Awareness” certification
- Illinois Office of the State Fire Marshal “Hazardous Material Operations” certification
- Illinois or National Registered EMT-B, EMT-I, or EMT-P certification

# ***PETERSBURG FIRE DEPARTMENT***

First, thank you for expressing an interest in becoming an active member of the Petersburg Fire Department. Our Volunteer Firefighters hold a key roll in providing service for the citizens in the City of Petersburg, the surrounding District, and our neighboring communities.

It is imperative that we recruit committed applicants. An applicant's availability, maturity, fire - rescue service experience, knowledge and skill levels will be considered in our recruitment application process. Membership on another volunteer emergency response organization affects an applicant's availability, creates potential confusion in the chain of command at emergency scenes involving multiple agencies or mutual aid, and is therefore prohibited.

As a member of the Petersburg Fire Department you will feel a pride of distinction and will have measured up to a continued fire tradition. You will have earned this pride knowing that you have successfully completed a thorough recruitment process and filled a community service vacancy. Your personal satisfaction will not end at the time of appointment. Our volunteers will maintain their status on the Petersburg Fire Department by satisfying annual training, response, and other service duties.

## **The Volunteer Recruitment Application Process:**

- 1. Complete Application Packet and return to the membership Coordinator.*
- 2. Complete Background Check Document and return to the membership Coordinator.*
- 3. Interview with the Chief or his designee*

### **After the results of the background check have been reviewed applicant must:**

- 4. Complete Physical Examination Requirements*
- 5. You will then be contacted as to the status of your application.*

Once selected, candidates for membership will attend all of the regularly scheduled training and business meetings of the fire department. In addition to these bi-weekly meetings you will be required to enroll in and complete **Basic Operations Firefighter (BOF)** within the first 24 months and will remain in probationary status until all class work has been completed (maximum time allowed to be probationary is 24 months). You will be placed in the mentoring program and must successfully pass these requirements also. Satisfactory completion of coursework must be achieved within 12 months of initial start date. If such completion is not attained all course fees must be repaid to the Petersburg Fire Department and the recruit will be terminated from the department.

At the end of your probationary period you will be evaluated on your skills and knowledge of fire-rescue service. If you satisfy the standards you will be a full member of the Petersburg Fire Department.

*Congratulations.*

# ***PVFD VOLUNTEER FIREFIGHTER APPLICATION***

## **Personal Information**

NAME: \_\_\_\_\_  
Last
First
Middle

ADDRESS: \_\_\_\_\_  
Street
City
State
Zip

Phone: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Home
Work
Cell

Drivers License Number: \_\_\_\_\_ DL Class: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ D.O.B: \_\_\_\_\_

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

Military Service: \_\_\_\_\_ - \_\_\_\_\_  
From
To
Branch
Type of Discharge

### **Education**

High School Graduate \_\_\_Yes \_\_\_No      GED Equivalent \_\_\_Yes \_\_\_No

College / Technical Schools \_\_\_Yes \_\_\_No

Degrees or certifications: \_\_\_\_\_

Have you previously been, or are you currently a member, of one (1) or more Fire Departments, Fire Protection Districts, Rescue Squads or other emergency services provider? \_\_\_Yes \_\_\_No

If yes, please list the agency(s) of which you have been a member.

Agency Name	Address	Phone	From-Until
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Agency Name	Address	Phone	From-Until
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Have you attended any Fire Fighting, Rescue, or EMS Schools? \_\_\_Yes \_\_\_No

If yes, attach a list of Fire Fighting, Rescue, and EMS Schools you have attended and copies of certifications you have received.

Have you ever been dismissed/fired from a position/employment? \_\_\_Yes \_\_\_No

If yes, please explain on an additional sheet.

Have you ever been forced to resign a position/employment? \_\_\_Yes \_\_\_No  
If yes, please explain on an additional sheet.

Current Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_  
Street / Road City State Zip Code

Immediate Supervisor: \_\_\_\_\_ Phone: \_\_\_\_/\_\_\_\_\_

Describe your work schedule: \_\_\_\_\_

Does your employer know and support your desire to become a volunteer for the Petersburg Fire Dept.? \_\_\_ Yes \_\_\_ No

If less than 1 year with present employer, list previous employer(s) over the last 5 years.

Employer Name	Address	Phone	Reason for leaving
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Employer Name	Address	Phone	Reason for leaving
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Do you have any employment related conditions or responsibilities which would make it difficult or impossible for you to respond to emergencies when called? \_\_\_Yes \_\_\_No

If so, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any family related conditions or responsibilities which would make it difficult or impossible for you to respond to emergencies when called? \_\_\_Yes \_\_\_No

If so, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any and all addresses where you have lived over the last 5 years.

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

Have you ever been convicted of a misdemeanor? \_\_\_\_ Yes \_\_\_\_ No

If yes, what offense were you convicted of? \_\_\_\_\_

In what year were you convicted? \_\_\_\_ In what County and State were you convicted? \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_ Yes \_\_\_\_ No

If yes, what offense were you convicted of? \_\_\_\_\_

In what year were you convicted? \_\_\_\_ In what County and State were you convicted? \_\_\_\_\_

Has your license to drive a motor vehicle ever been suspended or revoked? \_\_\_\_ Yes \_\_\_\_ No

If yes, for what offense was the order issued? \_\_\_\_\_

If yes, what year was this order issued? \_\_\_\_ In what County and State were you convicted? \_\_\_\_

Have you ever been denied a drivers license? \_\_\_\_ Yes \_\_\_\_ No

If you have been denied a drivers license, please explain why. \_\_\_\_\_

Have you ever been the subject of an Order of Protection or has an Order of Protection ever been issued against you for domestic violence? If so, please state the case number, county and state and whether the interim order was ever made permanent. \_\_\_\_\_  
\_\_\_\_\_

Why do you want to be a volunteer firefighter for the Petersburg Fire Dept.?

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

Please list 3 references and phone numbers \_\_\_\_\_

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

I authorize the investigation of all statements in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my acceptance is dependent upon the successful completion of a background check, a physical examination, and drug screening.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

# *Letter of Understanding*

I, the undersigned, understand that, as a volunteer member of the Petersburg Fire Department, I am to receive compensation for my service for the Petersburg Fire Department, as provided for in accordance to the ordinance voted for and approved by the aldermen of the city of Petersburg.

I understand that the probationary period is 12 months, 24 months if enrolled in the Basic Operations Firefighter (BOF). At the close of the probationary period, recruits will be voted on by the command staff and his mentor for permanent membership.

I understand that my tenure as a volunteer member of the Petersburg Fire Department is at the discretion of the Mayor, and City Council, and that I cannot be a member of another volunteer emergency response organization, and that I can be discharged at any time with or without cause by the City Council.

I understand the Petersburg Fire Departments current worker's compensation policy, subject to its terms and conditions may provide worker's compensation benefits for certain injuries while performing volunteer services for the Petersburg Fire Department.

I understand if I perform said volunteer services while I am laid-off or on strike from any outside employment, or am otherwise unemployed at the time of injury, I run the risk of receiving no worker's compensation benefits, other than perhaps payment for my medical expenses for such injury I suffer while performing said volunteer service while I am laid-off or on strike from my said employment, or am otherwise unemployed; and if I choose to do so, I do so freely and voluntarily with knowledge of such risk of loss of worker's compensation benefits.

I understand the department requires that every member be trained at the Certified **Basic Operations Firefighter (BOF)** level as specified by the Office of the State Fire Marshall. I understand that I must be enrolled in this class within the first 6 months of probation and will remain in probationary status until all class work has been completed. I understand the cost of the class and any books or travel associated will be paid for by the department. There will be no extra pay for completing the class.

I understand that I will be assigned a mentor during my probationary period.

I certify that I have carefully completed this application, and that I have given all information herein without omission or falsification. I further attest that no information has been withheld about me or my background which may cause concern to you in any way, should you give me membership with the Petersburg Fire Department.

By signing my name to this letter, I consent to the investigation of all facts and circumstances given in the attached application for membership to the Petersburg Fire Department. I also consent to the interview of any references provided herein, and to any background investigation needed by the Petersburg Fire Department. I understand that I am subject to a physical examination and drug screening.

I fully understand that should any information found herein be investigated and found to be false, that I will be subject to immediate dismissal from the Petersburg Fire Department without recourse.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

## ***Petersburg Fire Department***

### **Volunteer Recruit Physical Examination**

Completion of the physical examination is required for you to be considered for a volunteer position with the Petersburg Fire Department. The following documents are included with the Physical Examination section of your application:

1. Petersburg Fire Department – General Job Description / Basic Function
2. Appendix C to Sec. 1910.134: OSHA Respirator Medical Evaluation Questionnaire

The physician responsible for your physical evaluation will review the OSHA Respirator Medical Evaluation Questionnaire and perform the required drug screening procedures. As a result of the answers you provide on the OSHA questionnaire you may be required to see the physician for further evaluation. Your final evaluation may include all or part of the following:

1. HIV Screening
2. Hepatitis B Screening
3. Hepatitis C Screening
4. Audiogram
5. Pulmonary Function Test
6. Chest X-ray

If you become a Petersburg Fire Department Volunteer Firefighter, your initial training would require the use of a Self Contained Breathing Apparatus. Prior to this SCBA training the Petersburg Fire Department will require you to complete a Respirator Physical and Fit Test in accordance to OSHA 1910.134. The cost for this final examination and fit test will be the responsibility of the Petersburg Fire Department.


1. Respiratory Physical
2. Respirator Fit Test



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**Regulations (Standards - 29 CFR)**  
**OSHA Respirator Medical Evaluation Questionnaire (Mandatory). -**  
**1910.134 App C**

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 [Regulations \(Standards - 29 CFR\) - Table of Contents](#)

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● <b>Part Number:</b>	1910
● <b>Part Title:</b>	Occupational Safety and Health Standards
● <b>Subpart:</b>	I
● <b>Subpart Title:</b>	Personal Protective Equipment
● <b>Standard Number:</b>	<a href="#">1910.134 App C</a>
● <b>Title:</b>	OSHA Respirator Medical Evaluation Questionnaire (Mandatory).

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**Appendix C to Sec. 1910.134: OSHA Respirator Medical Evaluation Questionnaire (Mandatory)**

To the employer: Answers to questions in Section 1, and to question 9 in Section 2 of Part A, do not require a medical examination.

To the employee:

Can you read (circle one): Yes/No

Your employer must allow you to answer this questionnaire during normal working hours, or at a time and place that is convenient to you. To maintain your confidentiality, your employer or supervisor must not look at or review your answers, and your employer must tell you how to deliver or send this questionnaire to the health care professional who will review it.

Part A. Section 1. (Mandatory) The following information must be provided by every employee who has been selected to use any type of respirator (please print).

1. Today's date: \_\_\_\_\_

2. Your name: \_\_\_\_\_

3. Your age (to nearest year): \_\_\_\_\_

4. Sex (circle one): Male/Female

5. Your height: \_\_\_\_\_ ft. \_\_\_\_\_ in.

6. Your weight: \_\_\_\_\_ lbs.

7. Your job title: \_\_\_\_\_

8. A phone number where you can be reached by the health care professional who reviews this questionnaire (include the Area Code): \_\_\_\_\_

9. The best time to phone you at this number: \_\_\_\_\_

10. Has your employer told you how to contact the health care professional who will review this questionnaire (circle one): Yes/No

11. Check the type of respirator you will use (you can check more than one category):

- a. \_\_\_\_\_ N, R, or P disposable respirator (filter-mask, non- cartridge type only).
- b. \_\_\_\_\_ Other type (for example, half- or full-facepiece type, powered-air purifying, supplied-air, self-contained breathing apparatus).

12. Have you worn a respirator (circle one): Yes/No

If "yes," what type(s): \_\_\_\_\_

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Part A. Section 2. (Mandatory) Questions 1 through 9 below must be answered by every employee who has been selected to use any type of respirator (please circle "yes" or "no").

1. Do you **currently** smoke tobacco, or have you smoked tobacco in the last month: Yes/No

2. Have you **ever had** any of the following conditions?

- a. Seizures (fits): Yes/No
- b. Diabetes (sugar disease): Yes/No
- c. Allergic reactions that interfere with your breathing: Yes/No
- d. Claustrophobia (fear of closed-in places): Yes/No
- e. Trouble smelling odors: Yes/No

3. Have you **ever had** any of the following pulmonary or lung problems?

- a. Asbestosis: Yes/No
- b. Asthma: Yes/No
- c. Chronic bronchitis: Yes/No
- d. Emphysema: Yes/No
- e. Pneumonia: Yes/No
- f. Tuberculosis: Yes/No
- g. Silicosis: Yes/No
- h. Pneumothorax (collapsed lung): Yes/No
- i. Lung cancer: Yes/No
- j. Broken ribs: Yes/No
- k. Any chest injuries or surgeries: Yes/No
- l. Any other lung problem that you've been told about: Yes/No

4. Do you **currently** have any of the following symptoms of pulmonary or lung illness?

- a. Shortness of breath: Yes/No
- b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline: Yes/No
- c. Shortness of breath when walking with other people at an ordinary pace on level ground: Yes/No
- d. Have to stop for breath when walking at your own pace on level ground: Yes/No
- e. Shortness of breath when washing or dressing yourself: Yes/No
- f. Shortness of breath that interferes with your job: Yes/No
- g. Coughing that produces phlegm (thick sputum): Yes/No
- h. Coughing that wakes you early in the morning: Yes/No
- i. Coughing that occurs mostly when you are lying down: Yes/No
- j. Coughing up blood in the last month: Yes/No
- k. Wheezing: Yes/No
- l. Wheezing that interferes with your job: Yes/No
- m. Chest pain when you breathe deeply: Yes/No
- n. Any other symptoms that you think may be related to lung problems: Yes/No

5. Have you **ever had** any of the following cardiovascular or heart problems?

- a. Heart attack: Yes/No
- b. Stroke: Yes/No
- c. Angina: Yes/No
- d. Heart failure: Yes/No
- e. Swelling in your legs or feet (not caused by walking): Yes/No
- f. Heart arrhythmia (heart beating irregularly): Yes/No
- g. High blood pressure: Yes/No
- h. Any other heart problem that you've been told about: Yes/No

6. Have you **ever had** any of the following cardiovascular or heart symptoms?

- a. Frequent pain or tightness in your chest: Yes/No
- b. Pain or tightness in your chest during physical activity: Yes/No
- c. Pain or tightness in your chest that interferes with your job: Yes/No
- d. In the past two years, have you noticed your heart skipping or missing a beat: Yes/No
- e. Heartburn or indigestion that is not related to eating: Yes/ No
- f. Any other symptoms that you think may be related to heart or circulation problems: Yes/No

7. Do you **currently** take medication for any of the following problems?

- a. Breathing or lung problems: Yes/No
- b. Heart trouble: Yes/No
- c. Blood pressure: Yes/No
- d. Seizures (fits): Yes/No

8. If you've used a respirator, have you **ever had** any of the following problems? (If you've never used a respirator, check the following space and go to question 9:)

- a. Eye irritation: Yes/No
- b. Skin allergies or rashes: Yes/No
- c. Anxiety: Yes/No

- d. General weakness or fatigue: Yes/No
- e. Any other problem that interferes with your use of a respirator: Yes/No

9. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire: Yes/No

Questions 10 to 15 below must be answered by every employee who has been selected to use either a full-facepiece respirator or a self-contained breathing apparatus (SCBA). For employees who have been selected to use other types of respirators, answering these questions is voluntary.

10. Have you **ever lost** vision in either eye (temporarily or permanently): Yes/No

11. Do you **currently** have any of the following vision problems?

- a. Wear contact lenses: Yes/No
- b. Wear glasses: Yes/No
- c. Color blind: Yes/No
- d. Any other eye or vision problem: Yes/No

12. Have you **ever had** an injury to your ears, including a broken ear drum: Yes/No

13. Do you **currently** have any of the following hearing problems?

- a. Difficulty hearing: Yes/No
- b. Wear a hearing aid: Yes/No
- c. Any other hearing or ear problem: Yes/No

14. Have you **ever had** a back injury: Yes/No

15. Do you **currently** have any of the following musculoskeletal problems?

- a. Weakness in any of your arms, hands, legs, or feet: Yes/No
- b. Back pain: Yes/No
- c. Difficulty fully moving your arms and legs: Yes/No
- d. Pain or stiffness when you lean forward or backward at the waist: Yes/No
- e. Difficulty fully moving your head up or down: Yes/No
- f. Difficulty fully moving your head side to side: Yes/No
- g. Difficulty bending at your knees: Yes/No
- h. Difficulty squatting to the ground: Yes/No
- i. Climbing a flight of stairs or a ladder carrying more than 25 lbs: Yes/No
- j. Any other muscle or skeletal problem that interferes with using a respirator: Yes/No

Part B Any of the following questions, and other questions not listed, may be added to the questionnaire at the discretion of the health care professional who will review the questionnaire.

1. In your present job, are you working at high altitudes (over 5,000 feet) or in a place that has lower than normal amounts of oxygen: Yes/No

If "yes," do you have feelings of dizziness, shortness of breath, pounding in your chest, or other

symptoms when you're working under these conditions: Yes/No

2. At work or at home, have you ever been exposed to hazardous solvents, hazardous airborne chemicals (e.g., gases, fumes, or dust), or have you come into skin contact with hazardous chemicals: Yes/No

If "yes," name the chemicals if you know them: \_\_\_\_\_

\_\_\_\_\_

3. Have you ever worked with any of the materials, or under any of the conditions, listed below:

- a. Asbestos: Yes/No
- b. Silica (**e.g.**, in sandblasting): Yes/No
- c. Tungsten/cobalt (e.g., grinding or welding this material): Yes/No
- d. Beryllium: Yes/No
- e. Aluminum: Yes/No
- f. Coal (for example, mining): Yes/No
- g. Iron: Yes/No
- h. Tin: Yes/No
- i. Dusty environments: Yes/No
- j. Any other hazardous exposures: Yes/No

If "yes," describe these exposures: \_\_\_\_\_

\_\_\_\_\_

4. List any second jobs or side businesses you have: \_\_\_\_\_

\_\_\_\_\_

5. List your previous occupations: \_\_\_\_\_

\_\_\_\_\_

6. List your current and previous hobbies: \_\_\_\_\_

\_\_\_\_\_

7. Have you been in the military services? Yes/No

If "yes," were you exposed to biological or chemical agents (either in training or combat):  
Yes/No

8. Have you ever worked on a HAZMAT team? Yes/No

9. Other than medications for breathing and lung problems, heart trouble, blood pressure, and seizures mentioned earlier in this questionnaire, are you taking any other medications for any reason (including over-the-counter medications): Yes/No

If "yes," name the medications if you know them: \_\_\_\_\_

10. Will you be using any of the following items with your respirator(s)?

- a. HEPA Filters: Yes/No
- b. Canisters (for example, gas masks): Yes/No
- c. Cartridges: Yes/No

11. How often are you expected to use the respirator(s) (circle "yes" or "no" for all answers that apply to you)?:

- a. Escape only (no rescue): Yes/No
- b. Emergency rescue only: Yes/No
- c. Less than 5 hours **per week**: Yes/No
- d. Less than 2 hours **per day**: Yes/No
- e. 2 to 4 hours per day: Yes/No
- f. Over 4 hours per day: Yes/No

12. During the period you are using the respirator(s), is your work effort:

- a. **Light** (less than 200 kcal per hour): Yes/No

If "yes," how long does this period last during the average shift: \_\_\_\_\_ hrs. \_\_\_\_\_ mins.

Examples of a light work effort are **sitting** while writing, typing, drafting, or performing light assembly work; or **standing** while operating a drill press (1-3 lbs.) or controlling machines.

- b. **Moderate** (200 to 350 kcal per hour): Yes/No

If "yes," how long does this period last during the average shift: \_\_\_\_\_ hrs. \_\_\_\_\_ mins.

Examples of moderate work effort are **sitting** while nailing or filing; **driving** a truck or bus in urban traffic; **standing** while drilling, nailing, performing assembly work, or transferring a moderate load (about 35 lbs.) at trunk level; **walking** on a level surface about 2 mph or down a 5-degree grade about 3 mph; or **pushing** a wheelbarrow with a heavy load (about 100 lbs.) on a level surface.

- c. **Heavy** (above 350 kcal per hour): Yes/No

If "yes," how long does this period last during the average shift: \_\_\_\_\_ hrs. \_\_\_\_\_ mins.

Examples of heavy work are **lifting** a heavy load (about 50 lbs.) from the floor to your waist or shoulder; working on a loading dock; **shoveling**; **standing** while bricklaying or chipping castings; **walking** up an 8-degree grade about 2 mph; climbing stairs with a heavy load (about 50 lbs.).

13. Will you be wearing protective clothing and/or equipment (other than the respirator) when you're using your respirator: Yes/No

If "yes," describe this protective clothing and/or equipment: \_\_\_\_\_

\_\_\_\_\_

14. Will you be working under hot conditions (temperature exceeding 77 deg. F): Yes/No

15. Will you be working under humid conditions: Yes/No

16. Describe the work you'll be doing while you're using your respirator(s):

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

17. Describe any special or hazardous conditions you might encounter when you're using your respirator(s) (for example, confined spaces, life-threatening gases):

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

18. Provide the following information, if you know it, for each toxic substance that you'll be exposed to when you're using your respirator(s):

Name of the first toxic substance: \_\_\_\_\_

Estimated maximum exposure level per shift: \_\_\_\_\_

Duration of exposure per shift: \_\_\_\_\_

Name of the second toxic substance: \_\_\_\_\_

Estimated maximum exposure level per shift: \_\_\_\_\_

Duration of exposure per shift: \_\_\_\_\_

Name of the third toxic substance: \_\_\_\_\_

Estimated maximum exposure level per shift: \_\_\_\_\_

Duration of exposure per shift: \_\_\_\_\_

The name of any other toxic substances that you'll be exposed to while using your respirator:

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

19. Describe any special responsibilities you'll have while using your respirator(s) that may affect the safety and well-being of others (for example, rescue, security):

\_\_\_\_\_

[63 FR 1152, Jan. 8, 1998; 63 FR 20098, April 23, 1998]

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

# *Petersburg Fire Department*

## **Job Title: Firefighter**

### **“General Job Description / Basic Function”**

The Petersburg Fire Department Firefighters shall be vested by powers granted by the Petersburg Fire Department and shall meet the minimum training requirements responsible for performing a variety of duties related to the protection of life and property. Under general supervision, firefighters perform work of moderate to extreme difficulty in combating, extinguishing, and preventing fires, assisting with rescue and emergency medical services, and in protecting life and property of citizens of the City of Petersburg, the mutual aid districts with whom we have agreements, contracted service areas, and those individuals who pass through the city.

They are responsible for supporting and following the rules, regulations, directives, and assignments of the Petersburg Fire Department.

They are responsible for cleanliness, routine maintenance of equipment and quarters, assisting in delivery of suppression, prevention, emergency medical, hazardous material, rescue, mutual aid, training, inspection and public education programs of the Petersburg Fire Department.

The job of a Volunteer Firefighter can be physically and mentally stressful, requiring physical exertion, exposure to high temperature and humidity levels, working at heights and in confined spaces. The possibility exists for elevated body temperatures, increased pulse, respiration, and blood pressures, and the need to react quickly to an emergency situation.

Protective clothing and self-contained breathing apparatus ( SCBA ) must be worn when working in contaminated environments.

In order to efficiently carry out the operations of the Department, it is necessary that members perform other duties as required or that may be requested by their superiors. These collateral duties are established and assigned by the Chief and in no way carry any authority other than that which is specifically stated in the duty assignment. Volunteer Firefighters are assigned to these duties at the discretion of the Chief or supervising officers.





**Do not complete the following pages – they may be used by PVFD staff to complete your background investigation.**

**Petersburg Fire Department**  
**PO Box 139**  
**Petersburg, IL 62675**

To: \_\_\_\_\_

You have been listed as a character reference for \_\_\_\_\_, candidate for the position of Firefighter with the Petersburg Fire Department. Please read over the list of desired characteristics for this position and then rank the candidate according to your personal knowledge using the scoring system outlined below. Circle the most appropriate response and return this form as soon as possible in the self-addressed stamped envelop that is enclosed.

*The Petersburg Fire Department, as well as the candidate, will appreciate your prompt response.*

A representative from the Petersburg Fire Department may contact you prior to or after receiving your response.

1=Inadequate 2=Poor 3=Satisfactory 4=Good 5=Outstanding

Self Discipline	1 2 3 4 5	Reliability	1 2 3 4 5
Free of Bias & Prejudice	1 2 3 4 5	Initiative	1 2 3 4 5
Physically Sound	1 2 3 4 5	Alertness	1 2 3 4 5
Intelligence	1 2 3 4 5	Emotional Stability	1 2 3 4 5
Communication Skills	1 2 3 4 5	Even Temperament	1 2 3 4 5
Common Sense	1 2 3 4 5	Integrity	1 2 3 4 5
Appearance	1 2 3 4 5	Sense of Justice	1 2 3 4 5
Adaptive to Change	1 2 3 4 5	Leadership Ability	1 2 3 4 5
Honesty	1 2 3 4 5	Courage	1 2 3 4 5
Morality	1 2 3 4 5	Reputation	1 2 3 4 5

In what capacity do you know this candidate?

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COMMENTS: \_\_\_\_\_

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***Petersburg Fire Department***  
**Background Check**

Applicant: \_\_\_\_\_

Name and relationship of person providing information:

\_\_\_\_\_

Character Reference:

How long have you been acquainted with the applicant and in what capacity?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you aware of any problems relating to excessive use of alcohol or drugs by the applicant? \_\_\_\_ Yes \_\_\_\_ No

How would you describe the applicant's reputation? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In your opinion, what are some of the strengths and weaknesses of the applicant?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

Work History

How long was the applicant under your employment? \_\_\_\_\_

What title and responsibilities did the applicant have under your employment?

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To your knowledge, has any type of formal complaint been lodged against the applicant while employed with you? \_\_\_\_\_

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Are you aware of anything that in your opinion would make the applicant a good or poor firefighter? \_\_\_\_\_

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How would you describe the applicant's work ethics? \_\_\_\_\_

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How well did the applicant relate with other employees? \_\_\_\_\_

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Why do you believe the applicant is no longer under your employment? \_\_\_\_\_

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Would you hire the applicant today? \_\_\_\_Yes \_\_\_\_No Why? Why not?

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