

# **LOWELL FIRE DEPARTMENT POSITION DESCRIPTION**

**Class Title:** Firefighter – Paramedic  
**Department:** Fire

**FLSA:** Full Time, Non-Exempt

## **GENERAL PURPOSE**

Protect life and property by performing fire fighting, emergency aid, hazardous materials and fire prevention duties. Maintain fire equipment, apparatus and facilities.

## **SUPERVISION RECEIVED**

Work under the direct supervision of the Fire Captain

## **SUPERVISION EXERCISED**

None

## **ESSENTIAL DUTIES AND RESPONSIBILITIES**

- Perform firefighting activities including driving fire apparatus, operating pumps and related equipment, laying hose and performing fire combat, containment and extinguishment tasks.
- Perform emergency aid activities including administering first aid and providing other assistance as required.
- Participate in fire drills, attends classes in firefighting, emergency medical, hazardous materials and related subjects.
- Respond to all fire calls and alarms. Perform all duties as assigned at call scenes.
- Perform general maintenance work in the upkeep of fire department facilities and equipment.
- Perform salvage operations such as throwing salvage covers, sweeping water and removing debris.
- Assists in department administrative activities as assigned.
- Assist in training new employees as assigned.

## **MINIMUM QUALIFICATIONS**

- Must be eighteen (18) years of age or older at time of hire.
- Must possess, or be able to obtain by time of hire, a valid driver's license without record of suspension or revocation in any state.
- No felony convictions or disqualifying criminal histories.
- Must be able to read and write the English language.
- Current EMT-P license and must be able to obtain license in Arkansas.
- Must be a U.S. Citizen.
- High school diploma or equivalent.

## **DESIRED MINIMUM QUALIFICATIONS**

Education and Experience:

- Two (2) years of experience in firefighting work preferred, but not required.
- Completion of the Basic Training Standards for Firefighter certification. (If not currently certified, must successfully obtain certification at earliest available opportunity to maintain employment)

## Necessary Knowledge, Skills and Abilities:

- Working knowledge of emergency scene safety.
- Working knowledge of emergency medical care.
- Ability to operate fire suppression and other emergency equipment.
- Ability to understand and apply standard firefighting, emergency aid, hazardous materials and fire prevention techniques.
- Ability to perform strenuous or peak physical effort during emergency, training or station maintenance activities for prolonged periods of time under conditions of extreme heights, intense heat, cold or smoke.
- Ability to act effectively in emergency and stressful situations.
- Ability to follow verbal and written instructions, communicate effectively both orally and in writing.
- Ability to establish effective working relationships with employees, other agencies and the general public.

## **SELECTION GUIDELINES**

Formal application; written examination; physical agility tests; oral examination; medical examination; background verification and check; final selection.

## **PHYSICAL DEMANDS**

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee is frequently required to stand; walk; use hands to finger, handle, or operate objects tools or controls; and reach with hands and arms. The employee is occasionally required to sit, climb or balance, stoop, kneel, crouch, or crawl; talk or hear; and taste or smell.

The employee must frequently lift and/or move up to 10 pounds and occasionally lift and/or move up to 100 pounds. Specific vision abilities required by this job include close vision, distance vision, color vision, peripheral vision, depth perception, and the ability to adjust focus.

## **WORK ENVIRONMENT**

The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee regularly works in outside weather conditions. The employee occasionally works near moving mechanical parts and in high, precarious places and is occasionally exposed to wet and/or humid conditions, fumes or airborne particles, toxic or caustic chemicals, risk of electrical shock, and vibration.

The noise level in the work environment is usually loud during firefighting activities.

The examples of duties listed above are intended only as illustrations of the various types of work that may be performed. The omission of specific statements of duties does not exclude them from the position if the work is similar, related or a logical assignment to the position.

This job description does not constitute an employment agreement between the employer and employee and is subject to change by the employer as the needs of the employer and requirements of the job change.

**CITY OF LOWELL  
FIRE DEPARTMENT**

DATE: \_\_\_\_\_

APPLICATION FOR EMPLOYMENT

To Applicant: READ THIS INTRODUCTION CAREFULLY

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits discrimination on the basis of age with respect to certain individuals. The laws of most states also prohibit some or all of the above types of discrimination as well as some additional types such as discrimination based upon ancestry, marital status or physical or mental handicap or disability.

Position of: \_\_\_\_\_  
(FIREFIGHTER, EMT, CLERK, SECRETARY, ETC.)

Name: \_\_\_\_\_  
LAST FIRST MIDDLE MAIDEN

Address: \_\_\_\_\_  
NUMBER/STREET CITY STATE ZIP PHONE

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

Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
(Optional) MONTH DAY YEAR

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
(Optional)

Do you possess an operator's license by any state other than Arkansas? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give state and number: \_\_\_\_\_ Year issued: \_\_\_\_\_

Have you ever been employed under a different name: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give name(s): \_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain in detail on separate page.

Have you ever been convicted of a misdemeanor? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain: \_\_\_\_\_

List any ticket violations in the last five (5) years: \_\_\_\_\_

Was your driver's license ever revoked or suspended? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Have you been involved in a traffic accident in the past five (5) years? Yes \_\_\_\_\_ No \_\_\_\_\_

ALL APPLICANTS LIST BELOW INFORMATION CONCERNING ACTIVE MILITARY DUTY, IF ANY:

Branch of Service	Serial Number	Enlistment Date	Discharge Date	Type of Discharge

List any disciplinary action taken against you while in the armed forces: \_\_\_\_\_

Are you a member of a Reserve Unit? Yes \_\_\_\_\_ No \_\_\_\_\_ Give unit and length of time remaining: \_\_\_\_\_

Are you willing to take a physical exam? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you willing to take a psychological evaluation? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you object to wearing a uniform? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Do you object to working nights? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Do you object to working shifts? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain: \_\_\_\_\_

List all jobs you have held in the last 10 years. Put your present or most recent job first (if more space is needed, attach additional sheets).

Job Title: \_\_\_\_\_ Starting salary: \_\_\_\_\_ Ending salary: \_\_\_\_\_

Employer: \_\_\_\_\_ No. of employees supervised by you: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name and title of supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

Date Employed:		
Date Separated:		
Full-Time	Years	Months
Part-Time	Years	Months
If part-time, number of hours worked per week		

Job Title: \_\_\_\_\_ Starting salary: \_\_\_\_\_ Ending salary: \_\_\_\_\_

Employer: \_\_\_\_\_ No. of employees supervised by you: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name and title of supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

Date Employed:		
Date Separated:		
Full-Time	Years	Months
Part-Time	Years	Months
If part-time, number of hours worked per week		

Job Title: \_\_\_\_\_ Starting salary: \_\_\_\_\_ Ending salary: \_\_\_\_\_

Employer: \_\_\_\_\_ No. of employees supervised by you: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name and title of supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

Date Employed:		
Date Separated:		
Full-Time	Years	Months
Part-Time	Years	Months
If part-time, number of hours worked per week		

Job Title: \_\_\_\_\_ Starting salary: \_\_\_\_\_ Ending salary: \_\_\_\_\_

Employer: \_\_\_\_\_ No. of employees supervised by you: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name and title of supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

Date Employed:		
Date Separated:		
Full-Time	Years	Months
Part-Time	Years	Months
If part-time, number of hours worked per week		

May we contact your present employer? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, why? \_\_\_\_\_

Have you received workmen's compensation? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, describe: \_\_\_\_\_

Have you previously submitted an application with this agency? Yes \_\_\_\_\_ No \_\_\_\_\_

List any friends or relatives working for the City of Lowell: \_\_\_\_\_

List all schools attended (List any additional schooling or training you feel qualifies you for the position applied for. Use additional sheets if necessary):

Name of School	City & State	From (Mo & Yr.)	To (Mo & Yr.)	Years Completed
High School				
College/Trade School				
Other				

**FOR OFFICE USE ONLY**

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## Certifications

<input type="checkbox"/> FIREFIGHTER I	<input type="checkbox"/> HAZMAT OPS
<input type="checkbox"/> FIREFIGHTER II	<input type="checkbox"/> HAZMAT TECH
<input type="checkbox"/> EMTB	<input type="checkbox"/> HIGH ANGLE RESCUE
<input type="checkbox"/> EMTP	<input type="checkbox"/> WATER RESCUE

Other: (Please list)

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**Please list any computer skills:**

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**Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation in the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

YES  NO

## References

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(Name) Phone #

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(Address)
2. 

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(Name) Phone #

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(Address)
3. 

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(Name) Phone #

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(Address)