

APPLICATION FOR EXAMINATION FOR PROBATIONARY FIREFIGHTER
FOR THE MUNICIPAL FIRE DEPARTMENT OF THE CITY OF DUNBAR, WV

Read carefully and answer each question fully and correctly. Do not leave any lines blank. **If not applicable mark N/A on that line.**

This application must be filled out in ink and printed by applicant and filed with the City Clerk of Dunbar.

All applicants must not be less than 18 nor more than 35 years of age at the date of application, or up to 40 years of age with prior military service.

All applicants must be high school graduates or hold a high school equivalent diploma.

A copy of the following documents must be attached to the application form in order to be complete when submitted

1. High School diploma or GED equivalency (USAFI not acceptable)
2. Birth Certificate/ with raised seal (Clerk can make a copy of raised seal if you bring it in and give it back to you)
3. Current and Valid Driver's License

If applicable, please furnish copies of the following:

College Degrees
College Transcripts
Armed Forces DD-214 Form
Certified Firefighter Certificates
Copies of Certificates, Awards or diplomas received for all firefighter training,
Copies of official schedules, outlines or transcripts for firefighter training.

This form was received by the City Clerk's office on: _____ 2025
at _____ am/pm by _____

This application must be filled out completely and returned before **December 5th, 2025, at 4:30PM** or if mailed postmarked no later than **December 2nd, 2025**. If mailed, please mail to address listed on the top of page 2 of this application.

APPLICATION FOR EMPLOYMENT AS PROBATIONARY FIREFIGHTER

If mailed submit to:
City Clerk's Office
P. O. Box 483
Dunbar, WV 25064

Driver's License Number _____

State _____

Name as it Appears on License _____

Chauf _____ Oper _____ CDL _____ Date of Issue _____

Social Security # _____

APPLICATION MUST BE PRINTED, USE BALL POINT PEN
GENERAL SECTION

1. Name _____
2. Present Address _____ Own/Rent?
City _____ State _____ Zip Code _____

How long at above address (____ years) (____ months)

Phone # _____

EMAIL: _____

3. Age _____ Sex _____ Weight _____ Height _____ Color Hair _____ Color Eyes _____
Date of Birth _____ Place of Birth _____ Naturalized _____

If yes on Naturalized, Court and location _____
Certificate No. _____

4. List all previous addresses (Chronologically, with last address first. All blocks must be completed. Include addresses while attending school away from home.) Apt. Or House No., Street, P.O. Box, City, State, Zip Code, and from/To

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED FOR EMPLOYMENT

5. Have you applied for employment with this department in the past? Yes, ____ No ____
6. Have you applied for employment with any other Firefighter agency? Yes, ____ No ____
If yes, where and when? _____

PERSONAL SECTION

1. Marital Status: Single ____ Married ____
2. List all other names you have used: Aliases: _____
Maiden Name: _____
Names by previous marriages: _____
3. Have you ever legally changed your name? (Other than by marriage) _____
4. If yes, give date _____ Place _____ Court _____
A copy of court order granting the change must be attached.
5. List Parents:
Father _____ Address _____ Phone _____
Mother _____ Address _____ Phone _____
6. Have you or your spouse ever been the subject, to your knowledge, of a criminal or quasi criminal investigation? Yes, ____ No ____ If yes, explain fully _____

EDUCATION SECTION

1. Please include name of school, City, State, Course of Studies and grade completed or graduation date.
- Grade School _____
- High School _____
- College _____
- Hours Credit _____ Major _____ Graduation Date _____
Fire Academy _____ Hours Attended _____
Other _____

SOCIAL SECTION

1. List three close friends (not relatives) who have known you for at least three years, give names, addresses, phone numbers, and occupations.

PERSONAL REFERENCE SECTION

1. List three persons not relatives, in-laws or former employers, who have known you for at least five years. Give names, addresses, phone numbers and occupations

EMPLOYMENT SECTION

List chronologically all employment beginning with present position, including summer and part-time employment, while attending school etc. All times must be accounted for. If unemployed for a period, indicate, set forth dates of unemployment.

1. Present/Last Employer _____ Phone _____
Position -Duties _____ from _____ to _____
Salary \$ _____ Per month, Reason for leaving _____
Supervisor we may call, with your permission, for Complete references _____

Please make sure any telephone numbers and contact names are correct

2. Present/Last Employer _____ Phone _____
Position -Duties _____ from _____ to _____
Salary \$ _____ Per month, Reason for leaving _____

Supervisor we may call, with your permission, for Complete references _____

Please make sure any telephone numbers and contact names are correct

3. Present/Last Employer _____ Phone _____
Position -Duties _____ from _____ to _____
Salary \$ _____ Per month, Reason for leaving _____
Supervisor we may call, with your permission, for Complete references _____

Please make sure any telephones numbers and contact names are correct

MILITARY & SECURITY SECTION- YOU MUST SUBMIT A COPY OF DISCHARGE PAPERS AND FORM DD214 WITH APPLICATION, IF YOU WERE IN MILITARY SERVICE.

1. Military Service Yes _____ No _____
If none, give present Selective Service Status _____ Local draft board No. _____
If yes, I served in the U.S. _____ from _____ to _____
Service No. _____ Highest Rank Attained _____ Type of discharge _____
If discharged under medical conditions, explain on plain white paper, attach to applications
Medals, Citations, etc. _____

2. If you failed the physical for military service, explain on white paper, attach to application.
Was any disciplinary action taken against you in the Service? Yes, _____ No _____
If yes, give date _____ Place _____
Nature of offense _____
Action taken _____
If you attend drills, meetings, or camps, give name of unit and location: _____

Amount of compensation _____
Rank at time of discharge _____ Reserve Status _____
Reserve Rank _____ Organizations _____

3. Have you ever had a U.S. Security Clearance? Yes, _____ No _____ How
High _____
Have you ever been denied Clearance? Yes, _____ No _____ Ever been bonded
_____ Ever been refused? _____

DRIVING AND ARREST SECTION

1. Arrest Record- Have you ever been convicted of any crime (other than a traffic violation) in any State at any time in your life? If so, give details as to nature of the crime: City, State, and court in which convicted: date of conviction and sentence. If none, write in large letters "None"

2. Have you ever been placed under the supervision of any State, County, City or other parole or probation agency: _____ Yes _____ No, if yes, explain fully and attach on plain white paper.

3. Traffic Record-Ever licensed in any other state: Yes, _____ No _____ If yes what State?

Was/has your driver's license ever been suspended or revoked? Yes, _____ No _____
If yes, where and why _____
List all traffic violations and approximate date of offense: _____

MEDICAL HISTORY QUESTIONNAIRE, FILL OUT & SIGNED BY APPLICANT AND
SIGNED BY PERSONAL PHYSICIAN

Date _____
Name _____ Address _____
Sex _____ Job applied for _____
Personal Physician _____

Have you ever:

Been operated on _____
Been rejected for Military Service _____
Been a patient in a sanitarium or Institution _____
Been discharged from the Military service for health reasons _____
Been seriously injured _____
Been refused life insurance _____
Been refused employment for health reasons _____
Been forced to give up a job for health reasons _____
Been refused a driver's license for health reasons _____
ever injured your back _____
had a hernia or rupture _____
wear a back brace _____
wore a knee brace _____
worked with Radioactive Material _____
worked in a dusty trade _____
use a hearing aid _____
had a head injury _____
had nerve trouble _____
need glasses to read _____
take medicine regularly _____
need glasses for distance _____
ever lost consciousness _____
received workers comp _____

If you answered yes to any of the above, please explain:

MEDICAL HISTORY QUESTIONNAIRE

Have you ever had

Diabetes _____	Heart trouble _____
High blood pressure _____	Cancer _____
Tuberculosis _____	Arthritis _____
Nervous Breakdown _____	Epilepsy _____
Allergies or reaction to drugs _____	Hay fever _____
Asthma _____	Headaches _____
Blood in urine _____	Jaundice _____
Cough (frequent or chronic) _____	Joint Pains _____
Fainting spells or dizziness _____	Paralysis _____
Rheumatic fever _____	Urination difficulties _____
Shortness of breath _____	Varicose veins _____
Skin rashes or eczema _____	Venereal disease _____
Blood disorders _____	Stomach ulcers _____

Any history of excessive use of alcohol? _____

If yes, describe _____

Any history of use of any drug regulated by Chapter 60A-2-204 which is also known as the Uniform Controlled Substance Act, and which was not specifically prescribed for your personal use by a licensed physician? _____ No _____ Yes

If yes, describe _____

Have you been refused employment or been unable to hold a job or stay in school because of

- | | | |
|---|-----|----|
| A. Sensitivity to chemicals, dust, sunlight, etc. | Yes | No |
| B. Inability to perform certain motions. | Yes | No |
| C. Inability to assume certain positions | Yes | No |
| D. Other Medical reason | Yes | No |

(If yes, give reasons) _____

Have you ever received, is there pending, or have you applied for pension or compensation for existing disability? (If yes, specify what kind, granted by whom, and what amount, when, why)

I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge. I authorize any of the doctors, hospitals or clinics mentioned above to furnish the Dunbar Fireman's Pension or Relief Fund of the City of Dunbar a complete transcript of my medical record at any time the Board of Trustees deems it necessary.

Typed or Print Name of Applicant	Date	Signature
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Type or print name of Physician	Date	Signature
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[illegible]

** This form must be signed by a physician before you can test and turned in with the application.*

DUNBAR FIRE DEPARTMENT
PRE-EMPLOYMENT AGILITY TEST
PHYSICIANS RELEASE FORM

Rate of pulse _____ If irregular or intermittent give details

Blood pressure: SYSTOLIC _____ DIASTOLIC _____

In my opinion this applicant is physically fit to take the CPAT

1. Stair Climb
2. Hose Drag
3. Equipment Carry
4. Ladder Raise and Extension
5. Forcible Entry
6. Search
7. Rescue
8. Ceiling Breach and Pull

Signature of examining Physician

* Applicants must successfully complete and pass this agility test or provide documentation of a passing result from the **CPAT** (Candidate Physical Ability Test) from another fire department within six months of the testing date. Candidates will further be required to pass an annual agility test (year two and three) to remain active on the hiring list, which is certified for up to three years, the civil service commission will notify candidates 60 dates prior to annual testing date.

To Notary, please verify signatures of special training, medical release, certification and loyalty and polygraph exam portions of this application: from page10.

STATE OF WEST VIRGINIA
COUNTY OF KANAWHA

Before me personally appeared _____
to me well known to be the person described in and who executed the forgoing instrument and
acknowledged to and before me that _____ executed said instrument for the
purposed therein expressed. WITNESS my hand and official seal, this _____ day of _____,
2025

NOTARY PUBLIC

My commission Expires:

NOTE: Applicants should not assume that they will be employed until they receive a written acceptance form this department. Upon completing and signing this application, the applicant acknowledges that he/she will serve a 1-year probationary period if employed. During the probationary period, employment may be terminated at the discretion of the mayor.

THE CITY OF DUNBAR IS AN EQUAL OPPORTUNITY EMPLOYER

Dunbar Fire Department Probationary Firefighter Application

Final Checklist: Application must be filled out or they will be rejected. This Checklist is for the applicant to fill out as sections of the application are completed.

- _____ Page 1 Make sure an official in Dunbar City Clerk's office dates application when it is turned in or in the event it is mailed, it is postmarked by the deadline.
- _____ Page 2-5 To be filled out by applicant.
- _____ Pages 5-8 To be filled out by applicant, signed by both the applicant and personal physician, with space for physician to comment.
- _____ Page 9 Pre-employment physical agility test physician release form, signed by Physician.
- _____ Page 10 Applicant signatures with notary form

Dunbar Fire Department's Civil Service Commissioners:

Mr. David Fields, President
Mr. Jeremy Boggess, Commissioner
Mr. William Arthur, Commissioner