

Town of Burns Harbor Fire Department

308 Navajo Trail
Burns Harbor, IN 46304

Phone: 219-787-8591
Fax: 219-787-8199



William D. Arney
Fire Chief

Dear Applicant,

I would first and foremost like to thank you for your interest in the Burns Harbor Fire Department. I would also like to congratulate you on making it to the first step in the process of hire a physical agility test. You will also be required to have a signed waiver by a physician stating that in his/her opinion you are able to participate in the physical agility test. This test is designed to test your physical ability to perform regular day to day job functions as a firefighter. I wish you the best of luck and thank you again for applying.

Sincerely,
William Arney
William Arney
Fire Chief

The following job functions tested will be graded on a "PASS" or "FAIL" bases. The applicant will perform these skills after an instructor has demonstrated/explained them to you. All testing will be done with safety in mind first.

SKILL 1

Climb ladder 70 ft at a 60 degree angle and touch the first section of orange and climb back down the ladder with a continuous motion. "No stopping"

Skill 2

Pull one section of 2 ½ inch hose to the top of the hose tower three times, using a hand over hand method without allowing the rope to slip. MAX TIME 1 min 30 sec

Skill 3

Properly don and undon a SCBA with bunker coat on.

Skill 4

Equipment carry –Carry a chain saw and K-12 saw 50 foot around a cone and back to starting point without dropping or stopping. Pass or Fail

Skill 5

Pull rescue mannequin 50 ft around cone and back 50 ft to starting point. MAX TIME 1 min 30 sec

Skill 6

Search and Rescue while following hose line through a maze with blackened mask and find broken coupling and followed it out the structure in the proper fashion.

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MEDICAL RELEASE FORM

This release is certifying that _____ is physically fit to take the Burns Harbor Fire Department agility test. This test is very physically demanding towards the Muscular Skeletal System and Cardiovascular System. By signing this form you are stating that the above named person is physically fit to take the test.

A complete examination form for this person is on file in my office.

(Area Code/Phone No.)
(State)

(License/Certification No.)

(Medical Examiner: Print Name and Title)

(Signature of Examiner)
(Date)

(Signature of Examinee)

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Burns Harbor Fire Department

Application for volunteer firefighter

Last Name: First Name: Middle:

Street Address: _____

City/Town: _____ State: _____ Zip Code: _____ How Long: Yr. ___ Mo ___

Social Security #: _____ Date of Birth: _____ Blood Type: _____

Height: _____ Weight: _____

Indiana Drivers License #: _____ Type: _____ Expiration: _____

Marital Status: Single Married Divorced Widowed Spouse's Name _____

Telephone Numbers: Home #: _____ Other#: _____

Emergency Contact Person's Name & Number: _____

Present Employer: _____

Job Title: _____ Supervisor's Name: _____

How Long: Yrs _____ Mo _____ May we contact your employer for reference: Yes No Employer's Phone# _____

Any identifying scars or marks: _____

Do you now have or have you ever had any physical disorders that may limit your physical abilities to perform assigned duties:

Do you now have or you ever had any back problems: _____

Do you wear glasses or contact lens: _____

Have you ever been convicted of any crimes or felonies including traffic tickets: _____

If yes, list when and dates: _____

Job experiences include any state or other certification numbers:

Firefighting: _____

Medical: _____

Other: _____

If considered for this position, will you be able to perform the physical ability test put forth by the Burns Harbor Fire Department on duties and job functions performed by firefighters. This will also include a complete physical by your physician before beginning membership of the Burns Harbor Fire Department. Yes No

READ CAREFULLY BEFORE SIGNING!!!!

I CERTIFY THAT THE INFORMATION GIVING IN THIS APPLICATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE THE FIRE CHIEF OF THE TOWN OF BURNS HARBOR TO PURSUE WHATEVER AVENUES DEEMED APPROPRIATE FOR VERIFYING THE INFORMATION ON THIS APPLICATION. THIS WILL INCLUDE AND NOT BE LIMITED TO A FULL CRMINAL BACKGROUND CHECK.

Sign your name: _____

Print your name: _____

Today's Date: _____

Date of Hire: _____