

## **SUPPLEMENTAL INFORMATION FORM**

**Position: Firefighter/EMT**

**Class Code: 520**

Thank you for your interest in employment with the City of Forest Park. The following questionnaire provides you with information relative to the requirements, duties and demands of the above referenced classification. Read each statement very carefully and then truly assess yourself to determine your suitability for employment in this classification. ANSWER THESE QUESTIONS HONESTLY.

You may provide additional information not specifically requested on the questionnaire that you believe will assist the Personnel Department in evaluating your application. Please attach additional pages if desired. However, the information requested will form the primary basis of your evaluation.

**YOU MUST COMPLETE THIS QUESTIONNAIRE AND RETURN IT WITH YOUR APPLICATION TO RECEIVE FURTHER CONSIDERATION.**

### **FIREFIGHTER/EMT**

#### **NATURE OF WORK**

This is skilled work in fire prevention, fire suppression, and basic emergency medical services.

Work involves operating fire apparatus and rescue vehicles, fighting fires, performing search and rescue, and performing medical services as authorized under the basic emergency medical technician certification. Work also includes the performance of routine duties in the maintenance and upkeep of the fire station, vehicles and equipment.

Name of Applicant: \_\_\_\_\_ SSN: \_\_\_\_\_

FIREFIGHTER/EMT - CLASS CODE 520

Describe your experience and/or training in each of the following areas. For each area indicate where you obtained the experience and/or training and the length of experience and/or training (in months and years).

- 1.) Administering basic emergency aid such as starting IV fluids, inserting esophageal obturator airways and providing oxygen as needed or directed by paramedic or hospital staff.

---

---

---

- 2.) Responding to fire calls as a member of a firefighting team.

---

---

---

- 3.) Knowledge of firefighting and emergency medical services techniques and procedures.

---

---

---

- 4.) Operating fire apparatus and rescue vehicles.

---

---

---

- 5.) Are you certified as a basic emergency medical technician with the State of Georgia? \_\_\_\_\_ Yes \_\_\_\_\_ No If Yes, give date, certification number and agency certification received.

---

---

---

Additional Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date