

Lockhart Fire /Rescue Policy and Procedure Manual

Date: January 1, 2006

Title: Probationary Reserve Firefighter Training Program

Purpose

To provide the beginning Reserve Firefighter with the basic firefighting skills to function in a safe manner during emergency operations.

Policy

Prior to entry into the fire department as a Probationary Reserve Firefighter the applicant must:

- Be 18 Years of Age, and
- Have received a High School diploma or GED.
- Provide a current Drivers License Check (Obtained from DPS)
- Provide a current Criminal Case History (Obtained from DPS)
- Provide a current physical and release for fire suppression duties

Before the Probationary Reserve will be allowed to respond with the apparatus they must begin the Reserve Non-Combat Training approximately 40 hours depending on the individual. Until the reserve has completed NON-COMBAT qualifications they will be limited to support / rehab roles outside of the IDLH including but not limited to: Rehabilitation, SCBA support, Equipment pick up and cleaning, Scene support as directed by the IC. Before a Reserve Firefighter can participate in any interior firefighting activities he/she must complete Reserve Firefighter Combat Training approximately Seventy (70) hour training program and obtain their Texas Class B Non-CDL drivers license. This Program should be completed within his/her Six (6) month Probationary Period. The subjects covered are those that will be needed to obtain the Firefighter Support Position. These skills are those necessary to protect the firefighter from hazards found on the scene as well as perform certain non-combat tasks. After obtaining these requirements the firefighter may go on to meet the requirements for Firefighter Operations and then on to the Texas Commission on Fire Protection Phase I – V and finally test for Basic Commissioned Firefighter.

EXCEPTIONS

- 1) Any Probationary Reserve Firefighter already certified will not be required to complete the entire Training Program but must attend the “**Fire Department Organization**” section of the required training.
- 2) Any Commission approved course may be applied to the required hours, but it will be up to the Fire Chief’s discretion for meeting the Training Program requirements.

PROCEDURE

- 1) Each Probationary Reserve Firefighter must obtain their Texas Class B Non CDL Driver License prior to any other training. If you cannot obtain the license you are not legal to operate any of the department’s equipment.
- 2) Each Probationary Reserve Firefighter will be assigned to a Shift to aid in accomplishing and documenting the required training. Keep in mind this does not limit the Probationary Reserve Firefighter from attending training on other shifts.
- 3) If a Probationary Reserve Firefighter successfully completes his/her Probationary Period but has not completed the minimum training program, that Firefighter shall be considered a “Restricted Firefighter” until such time as the Training Program is successfully completed.
- 4) Probationary and Restricted Reserve Firefighters shall be identified by a **YELLOW** helmet.
- 5) During the course of training, the Training Officer will administer practical and written tests. In order to successfully complete the Training Program, the Probationary or Restricted Firefighter must score a minimum of 70% on the written tests and “**PASS**” the practical tests.
- 6) Failure to complete this Training Program shall be grounds for dismissal from the **Lockhart Fire/Rescue Department**.

Jerry Doyle
Fire Chief

Clinton Browning
Captain / Training Officer

LOCKHART FIRE DEPARTMENT
APPLICATION FOR MEMBERSHIP

INSTRUCTIONS:

Application must be completely filled out. If questions are not applicable, enter "NA". Your eligibility for membership will be determined from the information you submit on this application. Resumes will be accepted in addition to this application at the time of submission.

Applications with too little information to verify (ie: references or employment history), will not be considered.

PRINT OR TYPE IN BLACK INK

NAME: _____				
Last	First	Middle	Social Security No.	
MAILING ADDRESS: _____				
Street or Box		City	State	Zip Code
TELEPHONE NUMBER: () _____ () _____				
Home			Work	

1. State the capacity for which you are volunteering: <input type="checkbox"/> Fire Service <input type="checkbox"/> Combination Fire/EMS	
<input type="checkbox"/> Emergency Medical Service <input type="checkbox"/> Other _____ (Specify)	
2. List any special skills or qualifications which you have: _____ _____	
3. List any special tools or equipment which you can use: _____ _____	
4. State hours of the day you normally work at your present job.: Sat. _____ Sun. _____ Mon. _____ Tues. _____ Wed. _____ Thu. _____ Fri. _____	
5. Do you have any relatives by blood or marriage employed or otherwise associated with Lockhart Fire Dept., Lockhart Police Dept., City of Lockhart, Lockhart ISD, or any other local government entity. Yes _____ No _____	
If "Yes", list the name, relationship, and organization: _____ _____	

ALL INFORMATION IS SUBJECT TO VERIFICATION

LAST NAME: _____

LOCKHART FIRE DEPARTMENT

PERSONAL HISTORY STATEMENT CONTINUATION

(Attach additional sheets if necessary.)

PRINT OR TYPE IN BLACK INK

9. Have you ever been convicted of a felony? _____ YES _____ NO If YES, explain in detail on a separate page and attach to application.
10. Has your driver's license ever been suspended or revoked? _____ YES _____ NO If YES, explain: _____ _____
11. Briefly explain any traffic accidents you have been involved in, within the last ten (10) years: _____ _____
12. Do you routinely take medication? _____ YES _____ NO If YES, explain: _____ _____
13. Describe how often and how much alcoholic beverage you consume: _____ _____
14. Have you used drugs other than those prescribed by you physician? _____ YES _____ NO If YES, explain: _____ _____

LAST NAME: _____

LOCKHART FIRE DEPARTMENT

EDUCATION AND TRAINING RECORD

(Attach additional sheets if necessary.)

PRINT OR TYPE IN BLACK INK

HIGH SCHOOL	NAME AND LOCATION OF HIGH SCHOOL LAST ATTENDED				Were You Graduated?*		Date of Graduation	If you have not graduated Circle Highest Grade You Have Completed				
					Yes	No		8 9 10 11 12				
GED	IF YOU HAVE NOT GRADUATED FROM HIGH SCHOOL HAVE YOU TAKEN AND PASSED THE GED TEST? Yes ___ No ___ Date _____ Place _____											
BUSINESS *****	NAME AND LOCATION OF SCHOOL				From		To		Courses Completed			
TECHNICAL *****					Mo.	Yr.	Mo.	Yr.				
VOCATIONAL SCHOOLS												
COLLEGES OR UNIVERSITIES	LOCATION	From		To		Semester Hours Completed To Date	Semester Hours In Progress	Were You Graduated?*	Degree Received [B.A., etc.]	Date of Degree	Major Subject	
		Mo.	Yr.	Mo.	Yr.							
GRADUATE OR PROFESSIONAL SCHOOLS												

Copy of transcripts or certificates attached? _____ YES _____ NO

List any licenses or certificates, (including issue, authority, and expiration date), which qualify you for the position you are seeking:

MEMBERSHIP IN ORGANIZATIONS

(Include Fire department & other emergency service organizations)

List all past and present memberships: _____

LAST NAME: _____

LOCKHART FIRE DEPARTMENT

EMPLOYMENT RECORD

(Attach additional sheets if necessary.)

PRINT OR TYPE IN BLACK INK

Give a record of each position held. Answer all questions clearly and completely. Give name used on the payroll if different than that used on this application. Give all the requested information, including the actual number of hours worked per week if part-time. Give full description of duties performed so that proper evaluation can be made. Begin with the current or last position held, and work back to your first position.

Your job title _____		From: _____ / _____ / _____	To: _____ / _____ / _____
		Month Day Year	Month Day Year
Name of business or organization _____		phone _____	
Address of business _____		(Street)	(City) (State)
Name and title of your supervisor _____			
Number and kind of employees supervised by you _____			
Final Salary \$ _____ per _____		Check if full time _____	
Describe the duties of your position in order of importance:		Give average number of hours worked per week if part-time _____	
Reason for leaving _____			
Your job title _____		From: _____ / _____ / _____	To: _____ / _____ / _____
		Month Day Year	Month Day Year
Name of business or organization _____		phone _____	
Address of business _____		(Street)	(City) (State)
Name and title of your supervisor _____			
Number and kind of employees supervised by you _____			
Final Salary \$ _____ per _____		Check if full time _____	
Describe the duties of your position in order of importance:		Give average number of hours worked per week if part-time _____	
Reason for leaving _____			

LAST NAME: _____

LOCKHART FIRE DEPARTMENT

REFERENCES

List four persons who know you well enough to provide current information about you. List at least one relative and your current supervisor. You must include complete addresses (including residence and mailing address), and phone numbers.

NAME	COMPLETE ADDRESS	TELEPHONE NUMBERS
_____	_____	HOME: _____
_____	_____	WORK: _____
_____	_____	YEARS KNOWN: _____
_____	_____	HOME: _____
_____	_____	WORK: _____
_____	_____	YEARS KNOWN: _____
_____	_____	HOME: _____
_____	_____	WORK: _____
_____	_____	YEARS KNOWN: _____
_____	_____	HOME: _____
_____	_____	WORK: _____
_____	_____	YEARS KNOWN: _____

AFFIDAVIT:

I hereby certify that this application and any attachments contain no willful or negligent misrepresentation or falsification and that the information given by me is true and complete. I understand that should investigation disclose any such misrepresentation or falsification, my application will be rejected and that I will be declared ineligible for employment.

Signature (DO NOT PRINT)

Date

