

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

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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)

If applicable, please furnish copies of the following:

Driver's License

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 **August 1<sup>st</sup>, 2025, at 4:30PM** or if mailed postmarked no later than **July 28<sup>th</sup>, 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

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***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.

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## 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

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## 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:

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## 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)

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## MEDICAL HISTORY QUESTIONNAIRE, continued

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.

The above statements are true to the best of my knowledge:  
I understand that any misstatement of fact is grounds for release:

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Typed or Print Name of Applicant

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Date

Signature

Physician's summary and elaboration of all pertinent data (Physician shall comment on all positive answers). Physician may develop by interview any additional medical history he deems important and record any significant findings here.

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Type or print name of Physician

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Date

Signature

Physician Comments

[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 \_\_\_\_\_,  
2020

\_\_\_\_\_  
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