



Oklahoma Firefighters Pension and Retirement System

4545 N. Lincoln Blvd., Suite 265
Oklahoma City, Oklahoma 73105-3407
1-800-525-7461 · (405) 522-4600 · Fax (405) 522-4643
www.okfirepen.state.ok.us



MINIMUM PHYSICAL PERFORMANCE TEST/AGILITY

Date _____

Candidate Name _____ SS# _____

The candidate, shall be required to complete and pass a minimum physical performance or agility test. The requirements for the test may be incorporated into actual essential job functions test, if equivalent to the requirements listed below and with prior approval by the State Pension Board of the performance test.

The candidate must sign Form 10, a Waiver and Release of any and all liability from injuries incurred as a result of the physical performance test.

There shall be a minimum of six functions that shall be verified when the candidate is tested. The pass-fail test shall be part of the candidate's pension records. (Form 9)

The Candidate shall complete one of the following:

Check One:

1.
 - (a) _____ Run 1 1/2 miles within 13 minutes.
 - (b) _____ Walk 3 miles within 38 minutes.
 - (c) _____ Bicycle 4 miles within 12 Minutes
 - (d) _____ Swim 500 yards within 8 minutes and 20 seconds.
 - (e) _____ Run in place 75 steps per minute for 15 minutes.
 - (f) _____ Run on motorized horizontal treadmill at 10 miles per hour for 6 minutes.
 - (g) _____ Climb stairs consisting of 10 steps at 9 round trips per minute for 9 minutes.

Time: _____ Pass/Fail _____

Comments: _____

2. The Candidate shall perform 35 bent-knee sit-ups within 2 minutes.

Time: _____ Pass/Fail _____

3. The Candidate shall complete one of the following:

- (a) _____ Flexed arm hang-minimum time: 8 seconds (palms away)
- (b) _____ Pull-ups minimum: 7 (palms away)
- (c) _____ Push-ups (standard) - minimum: 25

Time: _____ Pass/Fail _____

Comments: _____

4. The candidate, given a beam secured to a level floor and measuring 20 ft. (6m) long by 3 to 4 in. (76 to 102mm) wide and given a length of fire hose weighing at least 20 lb. (9 kg.), shall walk the length of the beam, carrying the length of hose, without falling off, or stepping off the beam.

Pass/Fail _____

Comments: _____

5. The candidate, given a weight of 125 lb. (57 kg.) shall lift the weight from the floor and carry the weight 100 ft. (305m) without stopping.

Pass/Fail _____

Comments: _____

6. The candidate, starting from an erect position with feet apart, the distance approximately shoulder width, shall move a 15 lb (7kg.) weight in the following manner: bend over, grasp the weight with both hands while it is at a point on the floor between the feet, and lift weight to waist level, then place the weight on the floor approximately 12 in. (305 mm) outside the right foot. The weight shall then be moved alternately in the fashion from left foot to waist level, to right; right to waist level to left until it has been moved 7 times in each direction with the total horizontal distance of travel being at least 21 in. (610 mm) more than the space between the feet for each of the 14 moves. This shall be done in less than 35 seconds.

Pass/Fail _____

Comments: _____

Individual Giving Test _____

Employed By: _____

Position: _____

We the undersigned have read the Physical/Agility Test requirements for fire service candidates. We have witnessed the foregoing agility test of _____, and hereby certify the candidate has Passed/Failed the agility test. _____

Witness: _____ Witness: _____

Employed By: _____ Employed By: _____

Position _____ Position _____

Fire Chief

State of Oklahoma)
) ss.
County of _____)

The foregoing instrument was acknowledged before me this _____ day of _____, _____, by _____.

My commission expires _____

Notary Public



OKLAHOMA FIREFIGHTERS PENSION & RETIREMENT SYSTEM

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WAIVER AND RELEASE

I, _____, having filed an application to participate in examinations to be held for the position of an eligible Firefighter for the _____ Fire Department and participation in the Oklahoma Firefighters Pension and Retirement System. Having been advised that as part of these examinations, it will be necessary for me to demonstrate my strength, endurance, and physical ability in a series of tests, do hereby, and in consideration of the City or Fire Protection District of _____, Oklahoma, having permitted me to participate in the Department of the City of _____, and the Oklahoma Firefighters Pension and Retirement System, do release these entities from any and all claims whatsoever which might occur or arise as a result of any injury or damage that I may sustain as a result of participating in such examinations. I make this release for myself, my heirs, executors, and administrators and do hereby release the participating employer, local pension board, and the Oklahoma Firefighters Pension and Retirement System as well as all it's employees or agents from any or all liability for damages incurred as a result of these tests.

(Applicant writes in his/her own hand: "I certify that I have read the foregoing Waiver and Release and understand it's provisions.")

Date

Signature of Applicant

SS# _____

NOTE: Applicant must read, write the "statement" legibly, and sign, in order to participate in the PHYSICAL PERFORMANCE/ AGILITY TEST.
(over)

FOR FIREFIGHTER & EMS APPLICANTS ONLY

1). Please circle the level of medical certification you currently hold in the State of Oklahoma.

No medical certification. First Responder. EMT-B. EMT-I. EMT-P. Other _____.

Your State of Oklahoma Department of Health certification number is# _____.

2). Are you Nationally Registered in any other state? YES ___ NO.

If yes, list state and your National Register number. State _____ # _____.

3). Are you currently attending EMT classes in the state of Oklahoma? YES ___ NO.

If yes, please list training facility you are attending. _____.

List EMT level you are training for. _____.

Give completion date to nearest month. _____.

4). Are you currently testing for your Oklahoma EMT certification? YES ___ NO.

If yes, list EMT level you are testing for. _____.

Give completion date to nearest month. _____.

5). List your employment history associated with EMS. Please be specific.

6). Have you worked for another fire department in any capacity? YES ___ NO. If yes, please list the department name, your job function, years of service, and training certificates.

7). Please attach copies of any certifications and certificates you have acquired for EMS and fire training.

8). Add any additional EMS, fire related information, and comments you wish to share with the Kingfisher Fire Department. _____

