



CIVIL SERVICE EXAMINATION FOR PROBATIONARY FIREFIGHTERS

STARTING SALARY: \$40,575.15 Plus Benefits.

Notice is hereby given that the Civil Service Commission of the City of Texarkana, Arkansas will give a written examination at 8:00 a.m. on the 19th day of October, 2019 at North Heights Junior High School Cafeteria, 2118 E. 35th Street. The purpose of this examination is to place upon the eligibility list anyone who meets the requirements and passes the examination of the Civil Service Commission. The Agility test will be held at 1:00 p.m. on the same day as the written examination.

Qualifications for the examination and employment are as follows:

- A. Completed application returned to the Fire Department Administration Office, 416 E. 3rd Street, Texarkana, Arkansas no later than 4:00 p.m., September 27, 2019.
- B. Must be of sound intellectual and good physical condition.
- C. Must be a citizen of the United States.
- D. Must be 18 years of age or older on or before the day of the test. Maximum age for appointment to a municipal civil service fire department is 34 years of age. Again, you must be at least 18 years of age but not older than 34.
- E. Birth Certificate, H.S. Diploma, College Transcript (if applicable), Valid Driver License, DD-214 (if applicable) and any Fire related Certificates. **Please make copies of these documents and turn them in with your application.**

Application forms may be obtained at the Texarkana, Arkansas Fire Department Administration Office at 416 E. 3rd St. **Completed Applications must be returned by Friday, September 27, 2019 at 4:00 p.m.**

This examination will be the **written phase** of the selection process.

The City of Texarkana, Arkansas is an equal opportunity employer.

PERSONAL HISTORY STATEMENT

TEXARKANA, ARKANSAS FIRE DEPARTMENT

INSTRUCTIONS:

- Fill out this questionnaire completely and accurately. All statements in this questionnaire are subject to verification.
- **ANY FALSIFICATION OR MISSTATEMENT OF ANY MATERIAL FACT WILL BE SUFFICIENT TO DISQUALIFY YOU FROM EMPLOYMENT.**
- If space provided is inadequate, add additional pages and identify the information by title and number.
- Any question that does not pertain to you, please indicate with the letters N/A, meaning not applicable.
- Complete ALL spaces provided.
- Do not misstate or omit material facts since the statements made are subject to verification.

IMPORTANT:

To continue your application, the following items must be submitted with this statement:

1. Copy of CERTIFIED Birth Certificate
2. (a) Copy of High School Diploma (or transcript which indicates graduation),
OR
(b) Copy of G.E.D. Certificate, if applicable.
3. Copy of college transcript, if applicable.
4. Copy of DD-214 Military Discharge, if applicable.

If any of the above items are not submitted with this Personal History Statement, your application will be rejected, and you will not be considered further for employment with the City of Texarkana, Arkansas Fire Department.

APPLICATION FORM

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

The City of Texarkana, Arkansas does not discriminate on the basis of race, color, religion, sex, national origin, age, marital or veteran status, political affiliation, handicapped status, or any other legally protected status.

Print or type answers to each question clearly and completely. All questions must be answered. This is an application for employment and no employment contract is being offered. The City of Texarkana may change wages, benefits, and conditions of employment at any time. If you need assistance in completing this application for or in participating in the selection process, please speak with Personnel.

Position Desired:		Date of application:	
Date available for work: _____			
Are you available to work ___ full time ___ part time ___ shifts ___ weekends ___ nights			
(If part time, what hours and days):			
Social Security #:			
Last Name:		First:	MI:
Street Address:		Home Phone:	
City, State, Zip:		Business Phone:	
If you are under 18 years of age, can you provide proof of your eligibility to work? ___ Yes ___ No			
Have you ever worked for this City? ___ Yes ___ No			
If yes, give prior name, dates and reason for leaving:			
Are you legally eligible to work in the United States? ___ Yes ___ No			
<i>Verification will be required upon employment and failure to furnish documentation will be cause for separation.</i>			
List all licenses you hold: (Drivers, electricians, etc.)			
Type _____		Number _____	Exp. Date _____
Type _____		Number _____	Exp. Date _____
Are you related to any city employee or any member of the City Board of Directors? ___ Yes ___ No			
If so, give name, department, and relationship:			

Have you ever been convicted of a felony in the last 7 years or are you currently charged with the commission of a felony? Yes No If yes, state what, when, and how: *(Note: This information does not in itself disqualify you for employment.)*

Military Service: Branch: Date of entry:

Indicate specific military experience or training that is job related:

In accordance with the American with Disabilities Act, the City of Texarkana will make reasonable accommodation for individuals qualified to perform all essential aspects of the job function. After reviewing the essential job functions from the attached job description, are you able to do them?

Yes No If No, please explain: _____

EDUCATIONAL RECORD

School	Name and Address of School	Course of Study	Check Last Year Completed				Did You Graduate	List Diploma or Degree
			5	6	7	8		
Elementary			5	6	7	8	<input type="checkbox"/> Yes <input type="checkbox"/> No	
High			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (specify)			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (specify)			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYMENT EXPERIENCE

Begin with current or later employment.

1. Employer, Address:	Date Started:	To:	Work Performed:
Telephone:	Hourly <u>Rate/Salary</u>	Hourly <u>Rate/Salary</u>	
Job title:	Starting:	Final:	
Supervisor:			
Reason for leaving:			
2. Employer, Address:	Date Started:	To:	Work Performed:
Telephone:	Hourly <u>Rate/Salary</u>	Hourly <u>Rate/Salary</u>	
Job title:	Starting:	Final:	
Supervisor:			
Reason for leaving:			
3. Employer, Address:	Date Started:	To:	Work Performed:
Telephone:	Hourly <u>Rate/Salary</u>	Hourly <u>Rate/Salary</u>	
Job title:	Starting:	Final:	
Supervisor:			
Reason for leaving:			
4. Employer, Address:	Date Started:	To:	Work Performed:
Telephone:	Hourly <u>Rate/Salary</u>	Hourly <u>Rate/Salary</u>	
Job title:	Starting:	Final:	
Supervisor:			
Reason for leaving:			

Specify equipment or office machines you operate: _____

Give name, address and telephone number of three references who are not related to you and are not previous employers.

Name:	Address:	Phone #:
Name:	Address:	Phone #:
Name:	Address:	Phone #:

ADDITIONAL INFORMATION

Review the attached minimum qualifications and indicate any additional experience and training you have had which in your opinion would qualify you for the position you seek.

I understand that this application is not intended to create any contractual or other legal rights. It does not alter the at-will employment status nor does it create an employment contract for any specific period of time.

I certify that I have made no willful misrepresentations in this application nor have I withheld information in my statements and answers to questions. I am aware that the information given by me in my application will be investigated, with my full permission, and that any misrepresentations may cause my application to be rejected or my employment terminated.

I authorize any former employer to release to the City or its authorized representation any and all employment records and other information it may have about my employment. I understand that the information will be used for the purpose of evaluation my application for employment with the City. A photocopy of this authorization shall be as valid as the original.

I understand that this application is the property of the City and will become a part of my file if I am accepted for employment.

I understand that this application, once filed, may be subject to disclosure as a public record under the Arkansas Freedom of Information Act.

Signature of Applicant: _____ Date: _____

(Unsigned applications will be disqualified.)



EMPLOYMENT PROCEDURES

STEP 1 APPLICATION

Completed application must be returned by **September 27, 2019 at 4:00 p.m.** Applications will not be accepted after this time. Incomplete applications will not be considered. To be eligible to take the Civil Service Written Examination for Probationary Firefighter you will need to bring copies of the following: college (if applicable) & high school transcripts, birth certificate, Fire related Certifications, and your DD214 (if applicable).

STEP 2 WRITTEN EXAMINATION

Participating in the Comprehensive Entry Examination with a grade point of **70** or above is passing. In addition to your passing grade you will receive four (4) points for completing a term of active duty military with an Honorable Discharge or if still serving in the Guard or Reserve, provide a letter from your CO indicating Honorable Status. You can also receive six (6) bonus points for a Firefighter Certification (Arkansas, IFSAC, or Pro Board). The higher your grade point, the higher up the list you will be with the ideal spot being #1 on the list. The **Written Test** will be given **October 19, 2019 at 8:00 a.m.** You must bring your driver's license to North Heights Junior High School cafeteria to take the test. The doors will be shut at 8:00 a.m. sharp, so you must be on time.

STEP 3 PHYSICAL AGILITY TEST

The **Physical Agility Test** will be given on **October 19, 2019 at 1:00 p.m.** This test will begin promptly at the Texarkana, Texas Fire Dept. Training Facility. The test will consist of several physical tasks to be completed within specified time limits. The least amount of time would be the ideal goal. All parts of Step 3 must be completed successfully in order to continue with the employment procedures.

STEP 4 PERSONAL HISTORY STATEMENT

All documents requested must be returned with your **Personal History Statement**. Any falsification or misstatement of material fact will disqualify you from employment. Personal history statements will not be accepted late and immediately stops the employment procedures. Deadline is **September 27, 2019 at 4:00 p.m.**

STEP 5 BACKGROUND CHECK

A **Background Check** will be completed and information concerning educational records, military service, violations (criminal & traffic), and work history will be examined.

STEP 6 INTERVIEW

Applicant will be given a time and date for an **Interview** with the Fire Board Personnel as well as Civil Service Commissioner or City Administration Personnel. Applicant should remember that he/she is being evaluated every time they are seen by Fire Department Personnel.

STEP 7 PHYSICAL EXAMINATION

Physical Examination using NFPA 1001 Firefighter Professional Qualifications will be administered. Failure to pass this exam will eliminate you from our hiring process.



TEXARKANA, ARKANSAS FIRE DEPARTMENT

PHYSICAL AGILITY TEST

All nine events are continuous with no running or stopping allowed between events. Uniform will consist of T-shirt, shorts, tennis shoes and socks. A helmet and 31 pound weight vest shall be worn for the entire event. New-hire candidates shall complete the agility test within 6 minutes 30 seconds or less. Following the agility test new-hire candidates shall ascend and descend the 107 ft Quint ladder, without stopping, within two minutes and negotiate a 100 ft blind crawl, without losing hand contact with the 1.75-inch hose, within an additional two minutes.

Event 1: Victim Removal

Carry or drag a 150-pound dummy 25 feet around a cone and back another 25 feet for a total distance of 50 feet. At no time shall the dummy come in contact with the cone at the turn around. This event simulates removing an injured or unconscious victim from a hazardous area.

Event 2: Push/ Pull Event

Using a 6-foot pike pole, push the weighted plate to a fully extended position 5 times. Using the same 6-foot pike pole, pull the weighted plate to a fully extended position 5 times. Alternate and repeat one time so that each plate has been pushed or pulled 10 times each. This event simulates creating access in ceilings in order to locate concealed fire.

Event 3: Stair Climb with High-Rise/ Hose Hoist/ Stair Descent

Climb from the bottom to the top of the Drill Tower carrying a training high-rise pack. Contact every step with at least one foot on the ascent up. This simulates climbing stairs with a hose bundle in order to fight fires in a multiple-story building. Upon reaching the top, proceed down the stairwell, contacting each step with at least one foot to the third floor. Set the high-rise pack down and proceed to the roof. Hoist by rope a non-charged 2.5-inch hose, secured at the nozzle, from the ground to up and over the roof railing. This simulates hoisting a hose line to facilitate firefighting operations. Proceed off the roof back into the stairwell and pick up the high-rise pack. Proceed down the stairwell, contacting each step with at least one foot to the ground floor. Exit the building and set the high-rise pack down. This simulates descending stairs to fight fires in a below grade area.

TAFD PHYSICAL AGILITY TEST

Event 4: Rescue Tool Carry

Pick up and carry a 45lb weight 25 feet around a cone and back another 25 feet, for a total distance of 50 feet, and set the weight down. This event simulates moving a rescue tool from the apparatus to a vehicle requiring extrication.

Event 5: Ladder Extension

Using the halyard of a 24-foot extension ladder, fully extend the fly section. Once extended, use the halyard to retract the fly section to a bedded position. This simulates deploying an extension ladder for use on multi-story structures.

Event 6: 1.75 inch Charged Hose Drag

Advance a 1.75 inch Charged Hose 100'. This event simulates advancing a charged hand line from an apparatus to a fire scene.

Event 7: Ladder Carry and Raise

Pick up a roof ladder from the ground, carry and fully raise to a position against a wall then lower the ladder back to the ground. This event simulates deploying a ground ladder for use in rescue and fire fighting

Event 8: Attic Crawl

Crawl a distance of 50 feet carrying a flashlight in one hand. This event simulates crawling in an attic to search for fire extension.

Event 9: Dry Hose Deployment

Advance 50ft. of 5 inch hose a distance of 100 feet. This simulates extending a dry line from an apparatus to a hydrant

TEXARKANA



FIREFIGHTER

APPLICANT INFORMATION

1. Full Name _____
2. Date of Birth _____
3. Social Security # _____
4. Address _____
5. Phone # _____ Alternate # _____
6. Drivers License # _____ State _____
7. Do you have previous military experience? _____
If yes, what branch _____
Length of enlistment _____
Highest rank attained _____
Type of discharge _____
8. Do you hold a Firefighter certification? _____
9. Name of previous fire employer? _____
Length of Service _____

TEXARKANA ARKANSAS FIRE DEPARTMENT

BACKGROUND INFORMATION FORM

Today's Date ____/____/____

Full Legal Name: _____

Spouse's Name: _____

Social Security # _____

Birthdate ____/____/____ Driver's License# _____ State: _____

Address _____

Home Phone: _____ Cell: _____

List your home addresses for the previous five years if different from your current address above.

Dates From / To	Address	City	State	Zip Code

Educational Record:

	School Name	Dates Attended	Major Course or Subject	Did You Graduate?
High School				
G.E.D.				
College/Univ.				
Graduate School				

U.S. Military Service Record:

Discharge Date: _____/_____/_____

Branch: _____

Type of Discharge: _____

Discharge Rank: _____

Applicant shall furnish copy of DD-214

Violations (criminal & traffic):

Have you ever been convicted for any violation of law (including traffic violation in this state or elsewhere)?

YES _____ NO _____ If yes, How many times? _____

If yes, fill in below:

Date	Charge	Age at Time	Location: City & State	Court/Police Disposition (Fine, Sentence, Release)	Police Agency Involved: City, State, Federal

Work History:

List your jobs for the previous ten years including part-time, temporary employment, and self employment, if applicable.

Begin with your present employment or most recent employment.

Make every effort to list complete addresses and phone numbers of previous employers.

1.

Company's Name: _____

Company's Address: _____

Starting Date: ____/____/____ Leaving Date: ____/____/____

Immediate Supervisor: _____ Phone # _____

Reason for leaving: _____

If presently employed with this company, will it jeopardize your job if the City of Texarkana were to contact this company regarding your work record?

Yes _____ No _____ If yes, we will not attempt to contact this employer at this time.

2.

Company's Name: _____

Company's Address: _____

Starting Date: ____/____/____ Leaving Date: ____/____/____

Immediate Supervisor: _____ Phone # _____

Reason for leaving: _____

May we contact this employer? Yes _____ No _____

3.

Company's Name: _____

Company's Address: _____

Starting Date: ____/____/____

Leaving Date: ____/____/____

Immediate Supervisor: _____ Phone # _____

Reason for leaving: _____

May we contact this employer? Yes _____ No _____

4.

Company's Name: _____

Company's Address: _____

Starting Date: ____/____/____

Leaving Date: ____/____/____

Immediate Supervisor: _____ Phone # _____

Reason for leaving: _____

May we contact this employer? Yes _____ No _____

5.

Company's Name: _____

Company's Address: _____

Starting Date: ____/____/____ Leaving Date: ____/____/____

Immediate Supervisor: _____ Phone # _____

Reason for leaving: _____

May we contact this employer? Yes _____ No _____

I understand that this application is not intended to create any contractual or other legal rights. It does not alter the at-will employment status nor does it create an employment contract for any specific period of time.

I certify that I have made no willful misrepresentations in this application nor have I withheld information in my statements and answers to questions. I am aware that the information given by me in my application will be investigated, with my full permission, and that any misrepresentations may cause my application to be rejected or my employment terminated.

I authorize any former employer to release to the city or its authorized representative any and all employment records and other information it may have about my employment. I understand that the information will be used for the purpose of evaluating my application for employment with the city. A photocopy of this authorization shall be as valid as the original.

I understand that his application is the property of the city and will become a part of my file if I am accepted for employment.

Signature of Applicant: _____

Unsigned applications will be disqualified.



CITY OF TEXARKANA, ARKANSAS

FINANCE DEPARTMENT -PERSONNEL
216 WALNUT ST 71854-6024
P O BOX 2711 TEXARKANA ARKANSAS 75504-2711
PHONE (870) 779-4997 – FAX (870) 772-8182

TO WHOM IT MAY CONCERN:

I am an applicant for a position with the City of Texarkana, Arkansas. The City needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the City of Texarkana, Arkansas.

I hereby authorize any representative of the City of Texarkana, Arkansas bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the City of Texarkana, Arkansas, whether said records are of public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of the authorization is to full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the City of Texarkana, Arkansas to consider in determining my suitability for employment. **It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.**

I consent to your release of any and all public and private information that you may have concerning me, my work record, by background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, and information contained in investigatory files, efficiency rating, complaints or grievance filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records of your organization, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the City of Texarkana, Arkansas regardless of any agreement I may have made with you previously to the contrary.

The law enforcement organization requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the City of Texarkana, Arkansas acceptance and processing of my application for employment, I agree to hold your organization, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the City of Texarkana, Arkansas. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the City of Texarkana Arkansas in conjunction with employment procedures.

A photocopy or FAX copy of this release form will be valid as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature.

This waiver is valid for a period of one (1) year from the date of my signature.

Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

Signature

Printed Name

Street Address

City, State, Zip Code

Telephone Number

Social Security Number

Date of Birth

SWORN AND SUBSCRIBED BEFORE ME

NOTARY PUBLIC, this _____ day

of _____, _____.

My Commission expires _____.

**CITY OF
TEXARKANA, ARKANSAS
JOB DESCRIPTION**



Title: Firefighter

Department: Fire

Reports to: Captain

Scope of Responsibilities: This is a non-exempt position performing fire suppression, fire prevention and emergency medical treatment in the Fire Department.

Summary of Essential Duties:

- Performs firefighting duties such as combating, extinguishing and preventing fires, and answering emergency calls with an engine, ladder, or squad company.
- Lays and connects hose lines and operates nozzles directing water streams onto burning structures and other fires. Operates portable fire extinguishers.
- Raises and climbs ladders, occasionally works at great heights, removes persons from burning buildings and other life threatening situations.
- Ventilates burning structures by cutting holes in walls, floors and roofs. Removes smoke and gases from buildings using smoke ejectors and positive pressure fans.
- Performs salvage operations at fires, and other emergencies, such as coverings furniture with salvage covers, mopping floors and cleaning debris.
- Inspects assigned district to assure knowledge of access, fire hazards, street conditions, etc.
- Participates in training exercises, drills and classes covering subjects such as firefighting, fire science, fire hydraulics, pre-hospital medical care, hazardous chemicals, and other related subjects.
- Responds to chemical spills and leaks, identifies materials involved, secures the scene of spills and leaks, contains spills and leaks when possible, provides for safety of public.
- May be assigned to drive fire apparatus to fires, and other emergencies, transporting emergency personnel; operates pumps and other mechanical equipment.
- Relays and receives radio messages from superior to fire dispatchers.
- Cleans and services the assigned fire apparatus and equipment; reports mechanical failures to superior.

- Handles routine custodial maintenance of fire department stations and grounds.
- Participate in “First Response” to medical emergencies and assists ambulance crews; performs CPR, assess patient condition, provides trauma treatment, assists in transporting patient, etc.
- Inspects fire hydrants for operating and physical condition; performs preventive maintenance on hydrants; assists in calculation of water flow potential and maintains numbering on hydrants denoting this flow.
- Makes periodic inspections of buildings for fire hazards and makes recommendations for improvements.
- Conforms to the safety requirements of the department.
- Performs other duties as required.

Minimum Qualifications:

- High school education or equivalent.
- At least eighteen (18) years of age.
- Not have been convicted of a felony or crime of moral turpitude.
- The ability to learn firefighting skills, fire science, hydraulics, emergency medical practices, apparatus and equipment maintenance, etc.
- The applicant is required to pass a physical agility test based on tasks common to firefighting activities.
- The applicant must pass a physical examination based upon medical requirements for fire department candidates specified in the latest edition of NFPA 1001, *Firefighter Professional Qualifications*.
- The applicant must possess a valid driver’s license and have a driving record conforming to department standards.
- The applicant is required to live within 30 minutes travel time to the City of Texarkana, Arkansas.

Production Standards:

- The incumbent must successfully complete both a basic firefighter training course, and an emergency medical technician course, and pass the state required examination for both courses.
- The incumbent must serve probation of one year where he/she will continue to receive training and instruction. The incumbent that fails to continue to qualify will be released during probation.
- NOTE: All required training will be provided by the department.

Working Conditions / Physical Requirements:

- Must be able to work at extreme heights, confined space, and underground, for varying lengths of time.
- Must be able to climb ladders or stairs carrying objects in excess of thirty-five (35) pounds.
- Capable of lifting and carrying objects weighing over fifty (50) pounds, at frequent intervals.
- Must be able to perform standby and call-back duties and work overtime.
- Ability to perform strenuous duty for prolonged periods in extreme weather and hazardous, possibly life threatening, situations.
- Must be able to perform duties while breathing through a self contained breathing apparatus for extended periods.



CITY OF TEXARKANA, ARKANSAS

BENEFIT PACKAGE FOR

CIVIL SERVICE EMPLOYEES (FIRE)

HEALTH INSURANCE—Municipal Health Benefit Fund

- City covers \$411.58 of the Medical, Vision, and Dental Insurance premium for the employee. The employee paid portion is \$36.00 per month.
- Employees have the option to add Family Coverage, which is a total of \$546.62 per month.
- MHBF Coverage also includes a \$10,000 life insurance and a \$10,000 accidental death and dismemberment policy, at no cost to employee.

RETIREMENT

- LOPFI—City contributes 23.23% of salary; Employee must contribute 8.5% of salary.
- Optional Retirement Plan—457(b) through ICMA. This is a deferred compensation plan in which the employee can make pre-taxed contribution amounts per pay period.

VACATION

Vacation accrual begins immediately. The employee will accrue vacation hours at the rate of:

6.9 hours per pay period for the first 5 years

7.5 hours per pay period after 5 years

8.2 hours per pay period after 10 years

9.0 hours per pay period after 15 years

SICK LEAVE

Sick Leave accrual begins immediately. The employee will accrue sick leave hours at the rate of:

18.5 hours per pay period

(20 days per year)

LONGEVITY PAY

Eligibility begins after 2 years of service. Longevity will be paid on an incremental basis per pay period. See section 3.05 of the Personnel Policy for a breakdown of annual and bi-weekly Longevity payment amounts.

HOLIDAYS

The City has 13 Holidays, as listed in section 4.10 of the Personnel Policy. For Civil Service employees, Holiday Pay will be paid per pay period.

TRAINING PROGRAM

Various employee training programs will be available.

CAFETERIA (FLEX COMP) PLAN (Offered during annual Open Enrollment)

- Health Savings Plan, which covers out of pocket medical expenses.
- Dependent Care Savings Plan, which covers child care expenses.
- Supplemental insurance, which is paid through payroll deductions.

ADDITIONAL BENEFITS –ELIGIBILITY BEGINS AFTER 1 YEAR PROBATIONARY PERIOD

EDUCATION INCENTIVE

The City will pay \$1 per eligible college hour earned, up to 128 hours.

CERTIFICATE PAY

The City will pay for certificates earned. Eligible certificates and degrees are listed in section 4.16 of the Personnel Policy.

PERSONNEL POLICY

A copy of the City's Personnel Policy can be accessed on the City's website at <http://arkansas.txkusa.org/wp-content/uploads/2019/03/Personnel-Policy-03.04.2019.pdf>

SAFETY MANUAL

A copy of the City's Safety Manual can be accessed on the City's website at <http://arkansas.txkusa.org/departments/personnel/documents/DOC040910.pdf>

NOTIFICATIONS

A copy of the HIPAA Privacy Notice, Health Insurance Marketplace Coverage Options Notice, and the Summary of Benefits and Coverage for the 2019 Fund Year can be accessed at <http://www.arml.org/services/mhbf/>