



Applicant's Name

Date of Application

ARAB FIRE & RESCUE

FIREFIGHTER APPLICATION PACKET

Please return completed application packet and necessary attachments to:

Chief Ricky Phillips
Arab Fire & Rescue
653 4th Avenue NW
Arab, Alabama 35016

(256) 586-8819

www.ArabFD.com

Position Applying For: Firefighter / EMT Firefighter / Paramedic

Schedule Applying For: Full-Time Part-Time Paid-on-Call

Current CPAT Exam: Yes (Expires: _____) No

Current EMT License: Basic Intermediate Paramedic None

Minimum Standards Training: FF I/II VFF 160 None

*****Please attach copies of pertinent certifications, licenses and CPAT exam*****



OFFICE OF THE FIRE CHIEF

Arab Fire & Rescue

FIREFIGHTER JOB APPLICATION

LAST NAME: _____ FIRST NAME: _____ MIDDLE NAME: _____

STREET ADDRESS: _____ CITY, STATE, ZIP: _____

DATE AVAILABLE FOR WORK: _____ DESIRED SALARY: _____

HOME PHONE #: _____ SOCIAL SECURITY NUMBER (OPTIONAL) _____

WORK PHONE #: _____ _____

OTHER PHONE #: _____ EMAIL ADDRESS: _____

ARE YOU A UNITED STATES CITIZEN OR LEGALLY ELIGIBLE TO WORK IN THE U. S.? YES NO
(PROOF OF CITIZENSHIP OR IMMIGRATION STATUS WILL BE REQUIRED UPON EMPLOYMENT)

HAVE YOU PREVIOUSLY APPLIED TO OR BEEN INTERVIEWED BY ARAB FIRE & RESCUE: YES NO

IF YES, PLEASE LIST DATE(S) _____

DO YOU HAVE ANY FRIENDS OR RELATIVES WORKING FOR ARAB FIRE & RESCUE? YES NO

DID YOU GRADUATE FROM HIGH SCHOOL OR RECEIVE A GED? YES NO

HIGH SCHOOL NAME & LOCATION: _____

Type of School	Name & Location	From	To	Major	Degree, Certificate, or Credits Earned
College/University					
Technical/Vocational					
Other					

DO YOU HOLD A CURRENT EMT LICENSE OR NATIONAL REGISTRY? YES NO

IF YES, LEVEL OF TRAINNG: PARAMEDIC EMT-INTERMEDIATE EMT BASIC EVOC / DRIVER

DO YOU HAVE A CURRENT (LESS THAN ONE YEAR) CPAT EXAMINATION? YES (EXPIRES: _____) NO

ARE YOUR CURRENTLY CERTIFIED IN ACCORDANCE WITH ALABAMA FIREFIGHTER MINIMUM STANDARDS? YES NO

*****Please attach copies of pertinent certifications, licenses and CPAT exam*****

WORK EXPERIENCE: List complete employment history, beginning with most recent first. Include paid and unpaid experience. **DO NOT USE "SEE RESUME" OR SIMILAR.** Attach additional sheets, if needed.

EMPLOYER: _____ PHONE #: _____

DATES EMPLOYED (MO/YR)

ADDRESS: _____

FROM: _____ TO: _____

SUPERVISOR'S NAME & TITLE: _____

TOTAL (YRS/MOS): _____

YOUR JOB TITLE: _____

HOURS WORKED PER WEEK: _____

SPECIFIC DUTIES: _____

LAST SALARY: _____

REASON FOR LEAVING OR SEEKING

MAY WE CONTACT THIS EMPLOYER? YES NO (IF NO, LIST REASON)

OTHER EMPLOYMENT: _____

EMPLOYER: _____ PHONE #: _____

DATES EMPLOYED (MO/YR)

ADDRESS: _____

FROM: _____ TO: _____

SUPERVISOR'S NAME & TITLE: _____

TOTAL (YRS/MOS): _____

YOUR JOB TITLE: _____

HOURS WORKED PER WEEK: _____

SPECIFIC DUTIES: _____

LAST SALARY: _____

REASON FOR LEAVING OR SEEKING

MAY WE CONTACT THIS EMPLOYER? YES NO (IF NO, LIST REASON)

OTHER EMPLOYMENT: _____

EMPLOYER: _____ PHONE #: _____

DATES EMPLOYED (MO/YR)

ADDRESS: _____

FROM: _____ TO: _____

SUPERVISOR'S NAME & TITLE: _____

TOTAL (YRS/MOS): _____

YOUR JOB TITLE: _____

HOURS WORKED PER WEEK: _____

SPECIFIC DUTIES: _____

LAST SALARY: _____

REASON FOR LEAVING OR SEEKING

MAY WE CONTACT THIS EMPLOYER? YES NO (IF NO, LIST REASON)

OTHER EMPLOYMENT: _____

PLEASE USE ADDITIONAL SHEETS AS NECESSARY

EMPLOYMENT INFORMATION CONTINUED:

MAY WE CONTACT THE EMPLOYERS YOU HAVE LISTED? YES NO IF NO, PLEASE INDICATE WHICH ONE(S) AND THE REASON WHY.

HAVE YOU EVER BEEN DISMISSED OR ASKED TO RESIGN FROM ANY EMPLOYMENT? YES NO IF YES, STATE THE REASON(S) AND THE EMPLOYER(S) INVOLVED.

HAVE YOU EVER BEEN REFUSED EMPLOYMENT? YES NO IF YES, STATE BY WHOM AND FOR WHAT REASON.

PLEASE LIST ANY FIRE DEPARTMENTS WITH WHICH YOU HAVE BEEN A MEMBER OF (INCLUDING VOLUNTEER).

OTHER QUALIFICATIONS: (Summarize special job-related skills and qualifications acquired from employment, education or other experience).

STATE ANY ADDITIONAL INFORMATION YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION.

REFERENCES: Please list 3 references (not relatives) who can attest to your work qualities.

NAME	OCCUPATION	TELEPHONE NUMBER:
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DRIVER RECORD

DRIVER'S LICENSE NUMBER: _____ STATE: _____ EXPIRATION DATE: _____

CLASS: A B C D LIST ANY ENDORSEMENTS: _____

HAVE YOU COMPLETED AN EMERGENCY VEHICLE OPERATOR (EVOC) COURSE OR APPARATUS OPERATOR CERTIFICATION COURSE? YES NO IF YES, LIST DATE AND LOCATION OF TRAINING _____

HAVE YOU EVER HAD A DRIVER'S LICENSE ISSUED IN ANOTHER NAME? YES NO IF YES, LIST OTHER NAME(S) _____

HAVE YOU EVER HAD A DRIVER'S LICENSE ISSEUED BY ANOTHER STATE? YES NO IF YES, WHAT STATE(S) _____

HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED, REVOKED OR PLACED ON COURT PROBATION? YES NO

IF YES, LIST AND DESCRIBE CIRCUMSTANCES: _____

DO YOU HAVE ANY RESTRICTIONS ON YOUR LICENSE? YES NO IF YES, PLEASE LIST: _____

HAVE YOUR DRIVING PRIVILEGES EVER BEEN DENIED, SUSPENDED, OR REVOKED? YES NO IF YES, GIVE DATES AND COMPLETE REASONS: _____

HAVE YOU EVER RECEIVED A TRAFFIC SUMMONS (TRAFFIC TICKET) (EXCLUDING PARKING VIOLATIONS)? YES NO

IF YES, PLEASE LIST AS WELL AS YOU CAN RECALL, ALL TRAFFIC VIOLATIONS (EXCLUDING PARKING VIOLATIONS) YOU HAVE RECEIVED. GIVE IN EACH CASE, THE DATE, AND NATURE OF VIOLATION, NAME AND LOCATION OF THE COURT, PENALTY IMPOSED OR OTHER DISPOSITON.

LIST AND DESCRIBE CIRCUMSTANCES OF EACH MOTOR VEHICLE ACCIDENT IN WHICH YOU HAVE BEEN INVOLVED. STATE IF YOU RECEIVED A TRAFFIC SUMMONS AND IF ANY INJURIES RESULTED.

CONVICTION INFORMATION: No person shall be disqualified from public employment solely or in part because of prior conviction of a crime or crimes, unless the crime or crimes for which convicted directly relate to the position of employment sought. In determining the effect of a conviction, the City shall consider the requirements of current applicable laws. Applicants who are finalist for certain positions will be subject to a criminal background investigation.

HAVE YOU EVER BEEN CONVICTED AS AN ADULT FOR A CRIMINAL VIOLATION? YES NO IF YES, PLEASE COMPLETE THE FOLLOWING FOR EACH OFFENSE.

NATURE OF OFFENSE	DATE OF OFFENSE & LOCATION	DISPOSITION
_____	_____	_____
_____	_____	_____

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days.

Any application wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that "at will" employment relationships may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I understand that if offered a position, I must submit to and pass a drug screen and will be required to submit to and pass a background investigation, a physical examination and a physical ability test.

I hereby certify that all answers contained in this application are true and I agree and understand that any misrepresentation or omission of facts contained in this application will be grounds for disqualification for employment or in the event of employment, immediate dismissal from employment upon later discovery of any omission of facts or misrepresentations. I also understand that I am required to abide by all rules and regulations of the employer.

By signing this form I hereby acknowledge I have read and understand the above statements.

Signature of Applicant

Date
