

City of Flat Rock Flat Rock Fire Department

Application for Employment (Print All Information)

Position applied for: Firefighter/Paramedic Date: _____

The CITY OF FLAT ROCK / FLAT ROCK FIRE DEPARTMENT (FRFD) considers all applicants for employment without regard to race, color, religion, sex, national origin, age, handicap or disability, or status as a Vietnam-era or special disabled veteran in accordance with federal law. In addition, the CITY OF FLAT ROCK / FRFD complies with applicable state and local laws prohibiting discrimination in employment in every jurisdiction in which it maintains facilities. The CITY OF FLAT ROCK / FRFD also provides "reasonable accommodations" to qualified individuals with disabilities, in accordance with the Americans with Disabilities Act and applicable state and local laws.

Name: _____

Social Security No.: _____

Driver License No.: _____
(Also Provide A Copy of Your License)

Current Address:

Street: _____ City: _____

State: _____ Zip Code: _____

Apartment No.: _____

Telephone No.: _____

Referred by: _____

Are you over the age of 18? Yes No

Specify days and hours of your current full-time or part-time work:

Are you willing to work overtime as necessary? Yes No

Date you can start: _____

Have you ever been employed by CITY OF FLAT ROCK or FRFD? Yes No

If yes, when? _____

Is there anything that would prevent you from performing in a reasonable and safe manner the activities involved in the position for which you have applied? Yes No

If yes, please explain:

Have you ever been convicted of a crime?* Yes No

If yes, state nature of offense, when, where, and disposition:

* A conviction record will not necessarily be a bar to employment. This information will be used only for job-related purposes and only to the extent permitted by applicable law.

Federal laws require that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with such laws, the CITY OF FLAT ROCK / FRFD will verify the status of every individual offered employment with the city. In this connection, all offers of employment are subject to verification of the applicant's identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization upon employment.

Are you authorization to work in the United States on a full-time basis for all employers, or for your current employer only?

All employer's Current employer only

State name(s) of any relative(s) in our employ and your relationship to them:

RECORD OF EDUCATION

High School: _____

Address of School: _____

Did You Graduate? _____ If Not, Number of Years Completed: _____

Type of Diploma Received: _____

College or Trade School: _____

Course of Study: _____

Number of Years Completed: _____

Did You Graduate? _____

Diploma or Degree Received: _____

Firefighter Training: List all qualifications and dates earned – Provide copies of all certificates

EMS Training: List all qualifications and dates earned – Provide copies of all certificates

PRIOR WORK HISTORY (List in order, last or current employer first. Account for any gaps in your employment.)

1 Employer Name: _____

Employer Address: _____

Telephone Number of Employer: _____

Dates Employed: From _____ To _____

Rate of Pay: Start _____ Finish _____

Supervisor's Name/Title: _____

Reason for Leaving: _____

Describe in detail the work you performed. (If you need more room to complete your prior work history, use additional sheets of paper.)

2 Employer Name: _____

Employer Address: _____

Telephone Number of Employer: _____

Dates Employed: From _____ To _____

Rate of Pay: Start _____ Finish _____

Supervisor's Name/Title: _____

Reason for Leaving: _____

Describe in detail the work you performed. (If you need more room to complete your prior work history, use additional sheets of paper.)

3 Employer Name: _____

Employer Address: _____

Telephone Number of Employer: _____

Dates Employed: From _____ To _____

Rate of Pay: Start _____ Finish _____

Supervisor's Name/Title: _____

Reason for Leaving: _____

Describe in detail the work you performed. (If you need more room to complete your prior work history, use additional sheets of paper.)

MILITARY SERVICE RECORD

Have you ever served in the U.S. Armed Forces? ____ Yes ____ No

List duties in the service, including special training that is relevant to the position for which you have applied.

SKILLS (that you believe are related to the job for which you are applying)

Are there any other experiences, skills, or abilities that you feel especially qualify you for work with the CITY OF FLAT ROCK / FRFD?

PERSONAL REFERENCES (excluding relatives)

1. Name and Occupation: _____

Dates Known: _____

Addresses: _____

Telephone Number: _____

2. Name and Occupation: _____

Dates Known: _____

Addresses: _____

Telephone Number: _____

3. Name and Occupation: _____

Dates Known: _____

Addresses: _____

Telephone Number: _____

PRE-EMPLOYMENT STATEMENT (Please read carefully and sign the statement below.)

I understand and agree that:

1. The information that I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume, or any other materials, or during any interviews, can be justification of refusal of employment, or, if employed, termination from the CITY OF FLAT ROCK's / FRFD's employ.

2. Any offer of employment I may receive from the CITY OF FLAT ROCK / FRFD is contingent upon my successful completion of the city's total pre-employment screening process, including the city's receiving references that it considers satisfactory, and my satisfactory completion of any post offer pre-employment medical examination that the city may require. I also agree, if employed, to submit to a medical examination at any time at the city's request. I hereby consent to having the results of any post offer pre-employment or post-employment medical exams I may be required to take disclosed to the CITY OF FLAT ROCK / FRFD.

3. I understand that as a condition of employment, I may be required to undergo and successfully pass a screening for alcohol and/or drugs. I also understand and agree that, if employed, I may be required to submit to an alcohol or drug screening at any time at the discretion of the CITY OF FLAT ROCK / FRFD. I hereby consent to having the results of any such alcohol or drug screening I may be required to undergo disclosed to the CITY OF FLAT ROCK / FRFD.

4. In processing my application for employment, the city may verify all the information provided by me, or may procure or have prepared a consumer or an investigative consumer report for this purpose concerning my prior employment, military record, education, character, general reputation, personal characteristics, criminal record, and mode of living. I understand that upon written request to the CITY OF FLAT ROCK / FRFD. I will be informed whether an investigate consumer report was requested and given full information as to the nature and scope of this investigation.

5. I authorize and request that all of my present and former employers and those individuals I have listed as personal references, furnish information about my employment record, including a statement of the reason for the termination of my employment, work, performance, abilities, and other qualities pertinent to my qualifications for employment, hereby releasing them from any and all liability for damages arising from furnishing the requested information.

6. In consideration of my employment, I agree to comply with the policies, rules, regulations, and procedures of the CITY OF FLAT ROCK and or the FRFD and understand that my employment and compensation can be terminated with or without cause or notice, at any time, at the option of either the CITY OF FLAT ROCK the FRFD or myself. I further understand that no representative of the CITY OF FLAT ROCK / FRFD, other than the Mayor, Fire Chief, or City Attorney, has any authority to enter into any agreement with me for employment for any specified period of time or to make any agreement different from or contrary to the foregoing. I further understand that any such agreement, if made, shall not be enforceable unless it is in writing and signed by me and by one of the individuals designated above.

Signature

Date