



FIRE DEPARTMENT

Applications accepted for posted positions ONLY.
A new application must be completed for each posting.

EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

It is our policy to comply fully with all federal, state and local equal employment opportunity laws. This organization provides equal employment and advancement opportunities for all persons regardless of race, creed, sex, national origin, age, religion, disability, marital status, sexual orientation or any other classification protected by law.

PLEASE TYPE OR PRINT CLEARLY IN INK

If answers need more space than provided, there is additional space at the end of the application.

| | | | | | |
|---|--|------------|------------------------------|------------------------------|---|
| DATE | | | Are you a U.S. citizen? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| NAME <small>(As it appears on Social Security Card/Work Permit Card)</small> | LAST | FIRST | MIDDLE OR MAIDEN | | |
| SOCIAL SECURITY NUMBER | | | | | |
| ADDRESS | | | | | |
| CITY, STATE, ZIP | | | | | |
| EMAIL ADDRESS | | | | | |
| HOME PHONE | | | | | |
| DAYTIME PHONE | | | | | |
| CELL PHONE | | | | | |
| POSITION(S) APPLIED FOR | | | | | |
| SALARY REQUIREMENTS | \$ | | | | |
| DATE AVAILABLE | | | | | |
| REFERRED FOR THIS POSITION BY | | | | | |
| HAVE YOU EVER BEEN EMPLOYED BY THIS ORGANIZATION? | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| DATES | DEPT | SUPERVISOR | | | |
| REASON FOR LEAVING | | | | | |
| HAVE YOU EVER BEEN FIRED OR ASKED TO RESIGN FROM A JOB? | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| If yes, explain: | | | | | |
| ARE YOU AT LEAST 18 YEARS OLD? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| LIST OTHER NAMES YOU HAVE USED | | | | | |
| HAVE YOU EVER BEEN CONVICTED OF A FELONY? <small>(A conviction will not necessarily disqualify an applicant from employment)</small> | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <small>(If yes, give location, date, charge and disposition of case(s) on additional information page.)</small> |



U.S. MILITARY SERVICE

If you have served in the U.S. Military, please provide the following information:

Branch of Service: _____

Dates Served: from: _____ to: _____

Type of Discharge: _____

TRAINING / SKILLS

List any training, skills, qualifications or job related experiences that would be of special benefit in the job for which you are applying:

EDUCATION / SKILLS

| EDUCATION LEVEL | NAME | CITY STATE | CIRCLE YRS COMPLETED | | | | UNITS COMPLETED | DEGREE/MAJOR |
|-----------------------------|------|------------|----------------------|----|----|----|-----------------|--------------|
| | | | 9 | 10 | 11 | 12 | | |
| HIGH SCHOOL | | | | | | | | |
| COMMUNITY OR JUNIOR COLLEGE | | | | 1 | 2 | | | |
| BUSINESS OR TRADE SCHOOL | | | | 1 | 2 | | | |
| COLLEGE OR UNIVERSITY | | | | 1 | 2 | 3 | 4 | |

LICENSES / CERTIFICATIONS (JOB RELATED)

| TYPES OF LICENSES AND CERTIFICATIONS | DATE ISSUED | REGISTRATION NUMBER | STATE | EXPIRES MO / YR |
|--------------------------------------|-------------|---------------------|-------|-----------------|
| | | | | |
| | | | | |
| | | | | |

REFERENCES (NO RELATIVES)

| | |
|------------------------|------------------------|
| NAME _____ | NAME _____ |
| ADDRESS _____ | ADDRESS _____ |
| CITY, STATE, ZIP _____ | CITY, STATE, ZIP _____ |
| DAYTIME PHONE _____ | DAYTIME PHONE _____ |
| RELATIONSHIP _____ | RELATIONSHIP _____ |
| NAME _____ | NAME _____ |
| ADDRESS _____ | ADDRESS _____ |
| CITY, STATE, ZIP _____ | CITY, STATE, ZIP _____ |
| DAYTIME PHONE _____ | DAYTIME PHONE _____ |
| RELATIONSHIP _____ | RELATIONSHIP _____ |



EMPLOYMENT HISTORY
(MUST BE COMPLETED EVEN IF SUPPLEMENTED BY A RESUME)

Beginning with your most recent, list below present and past employment including U.S. Military service:

| | | |
|------------------|----------------------------|---------------|
| EMPLOYER | REASON FOR LEAVING | |
| ADDRESS | DATES EMPLOYED FROM TO | JOB TITLE |
| CITY, STATE, ZIP | | DESCRIBE WORK |
| PHONE NUMBER | HOURLY RATE START FINAL | |
| SUPERVISOR | | |
| EMPLOYER | REASON FOR LEAVING | |
| ADDRESS | DATES EMPLOYED FROM TO | JOB TITLE |
| CITY, STATE, ZIP | | DESCRIBE WORK |
| PHONE NUMBER | HOURLY RATE START FINAL | |
| SUPERVISOR | | |
| EMPLOYER | REASON FOR LEAVING | |
| ADDRESS | DATES EMPLOYED FROM TO | JOB TITLE |
| CITY, STATE, ZIP | | DESCRIBE WORK |
| PHONE NUMBER | HOURLY RATE START FINAL | |
| SUPERVISOR | | |
| EMPLOYER | REASON FOR LEAVING | |
| ADDRESS | DATES EMPLOYED FROM TO | JOB TITLE |
| CITY, STATE, ZIP | | DESCRIBE WORK |
| PHONE NUMBER | HOURLY RATE START FINAL | |
| SUPERVISOR | | |
| EMPLOYER | REASON FOR LEAVING | |
| ADDRESS | DATES EMPLOYED FROM TO | JOB TITLE |
| CITY, STATE, ZIP | | DESCRIBE WORK |
| PHONE NUMBER | HOURLY RATE START FINAL | |
| SUPERVISOR | | |

EXPLANATION OF INTERRUPTIONS IN EMPLOYMENT HISTORY

Use this space to explain employment history interruptions since high school that do not pertain to pregnancy, child care, disability or any other protected activity:



AUTHORIZATIONS AND AGREEMENTS

I understand that as part of the normal procedure in processing applications, a routine inquiry will be made concerning my background. Past employers, school records offices, and personal references may be contacted to verify and obtain information concerning my background, qualifications, school and work records. Information gathered about my background and qualifications will be used to help make a fair employment decision. This information will only be available to those participating in this decision or those who process employment applications.

I hereby authorize the City of Monroe and its employees to conduct all pre-employment inquiries as described. I further authorize the City of Monroe and its employees to verify all statements contained in this application and any other materials I submit in connection with my employment application. I agree to complete any requisite authorizations forms. I release the City of Monroe and its employees and all providers of information from any liability arising out of the gathering and use of such information. In the event of employment, this authorization and release is valid throughout my employment and a photocopy is as effective as the original.

I understand and agree that as I am applying for a fire fighter position, I will be required to comply with all the training requirements of the state. I understand that all offers of employment are conditional upon completing all those tests, including physical agility, to determine my fitness for this position - as well as satisfactory drug screens and reference checks, and presentation of all documents necessary for the City of Monroe to verify my identity and work authorization in accordance with the requirements of the Immigration and Naturalization Services.

I certify the information provided in this application is true and complete. I understand withholding pertinent information or submitting false or misleading information on this application or my resume, during interviews or at any other time during the hiring process, constitutes valid grounds for disqualification from further consideration for hire or immediate dismissal from employment and loss of all employee benefits and privileges. I further understand and agree that the employer shall not be liable in any respect if my employment is so denied or terminated.

I understand that employees of the City of Monroe are selected in order to accomplish the legal and operational duties established by statute and by the policy choices of the City of Monroe's elected officials. Each employee is expected to conduct him/herself in a manner that reflects favorably upon the City of Monroe and to recognize that he/she is subject to additional scrutiny in his/her public and personal life.

I understand that the acceptance of this application by the City of Monroe neither expresses nor implies an offer of employment. I understand my employment is at-will and I may resign at any time for any reason; similarly, my employment may be terminated by the City of Monroe at any time for any reason. Any changes to this at-will employment will not be valid unless in writing signed by me and a duly authorized representative of the City of Monroe.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE AUTHORIZATION AND AGREEMENT STATEMENTS.

Applicant
Signature: _____ Date _____

Sworn to and subscribed before me this _____ Day of _____ 20 _____

Notary Public: _____ Expiration Date: _____

NOTE: There are separate authorizations in this application for motor vehicle records, criminal, and credit checks. Your signature on these authorizations must also be **notarized!**



**EMPLOYMENT BACKGROUND & MVR RELEASE
ACKNOWLEDGEMENT**

I, [print name] _____, as an applicant for the City of Monroe grant authorization for the City to obtain information regarding my driving record and conduct a background investigation at this time of consideration of hire and during subsequent City employment. I acknowledge that signing this release is not a guarantee of employment with the City.

I understand that driving for the City using either a City vehicle or my personal vehicle is a privilege granted only to employees whose driving record satisfactorily meets City standards.

I understand that if driving is a requirement of the job, then an acceptable driving record is also a requirement of the job, both at the time of consideration for hire and as an ongoing condition of employment.

As an applicant or an employee, the City may conduct motor vehicle record (MVR) checks periodically and I give permission to the City to obtain such information regarding my driving record anytime the City deems necessary.

I understand my driving record must continue to meet City standards. Should my driving record not meet City standards, my driving privileges for the City may be revoked and could be grounds for applicant disqualification or dismissal of employment.

I understand the information identified in my driver's record check is a part of the hiring process, and if hired, will be discussed as the City deems it necessary.

I acknowledge reading this release and grant authorization to the City to conduct a background investigation and MVR check, obtain information regarding my driving record, and discuss this information as the City deems necessary.

Applicant Name: _____
(as it appears on license)

DL# _____ State: _____ Date of Birth: _____

SSN: _____ Date Signed: _____
(this form)

Applicant Signature: _____

Sworn to and subscribed before me this _____ Day of _____ 20 _____

Notary Public: _____
(Signature and Seal with Expiration Date Required)



EMPLOYMENT CRIMINAL HISTORY RELEASE ACKNOWLEDGEMENT

I, [print name] _____, as an applicant for the City of Monroe grant authorization for the City to obtain information regarding my criminal history record at this time of consideration of hire. This includes any criminal history record information pertaining to me which may be in the files of any federal, state, or local criminal justice agency. I acknowledge that signing this release is not a guarantee of employment with the City.

I understand the information identified in my criminal record check is part of the hiring process and will be discussed as the City deems necessary.

I acknowledge reading this release and grant authorization to the City to conduct a criminal history record check, obtain information regarding my criminal record, and discuss this information as the City deems necessary.

Applicant Full Name: _____

SSN: _____ Race: _____

Date of Birth: _____ Sex: _____

Applicant Signature: _____

Date Signed: _____

Sworn to and Subscribed Before Me This _____ Day of _____ 20____

Notary Public: _____

Notary Expiration: _____

INCLUDE A FRONT AND BACK COPY OF YOUR DRIVERS LICENSE WITH THIS APPLICATION



**Applicant/Employee's Authorizations and Receipt of Notice
Employer's Disclosure About**

Nature and Scope of Investigations and Use of Information Obtained From Third Parties

THE CITY OF MONROE hereby discloses to its employees and/or applicants that it may obtain from third parties, including consumer reporting agencies, former employers, outside investigators, and other locations, divisions, subsidiaries, or affiliates of THE CITY OF MONROE information concerning you, including, but not limited to, information about your credit, character, general reputation, personal characteristics, or mode of living which may include information obtained through personal interviews with your past employers, neighbors, friends, or associates and which may include medical information. THE CITY OF MONROE will use this information solely for the purpose of deciding whether or not to employ, promote, transfer, or take some other employment action concerning you. THE CITY OF MONROE may, with your authorization, share the information it collects with other locations, divisions, subsidiaries, or affiliates of THE CITY OF MONROE but will not share this information with any other person.

**Authorization for THE CITY OF MONROE to
Obtain an Investigative Consumer Report, Obtain Medical Information
and to Obtain a Consumer Report**

I, [print name] _____, have received as a separate document, read, and understand the foregoing Employer's Disclosure About Nature and Scope of Investigations And Use of Information Obtained From Third Parties. I authorize THE CITY OF MONROE to obtain from third parties, including the consumer reporting agency of its choice, an investigative consumer report, a consumer report, and medical information regarding me. I understand that an investigative consumer report may include personal interviews with my past employers, neighbors, friends, or associates concerning my credit, character, general reputation, personal characteristics, or mode of living, together with public record information regarding arrests, indictments, convictions or civil suits in which I was involved as a party.

Applicant's Signature: _____ Date: _____

Sworn to and Subscribed Before Me This _____ Day of _____ 20 _____

Notary Public: _____ Expiration date: _____

**Authorization for THE CITY OF MONROE to
Share Information with its other Locations, Divisions, Subsidiaries, or Affiliates**

I, [print name] _____ hereby [circle one] authorize / do not authorize THE CITY OF MONROE to receive and to share information it obtains from third parties, including consumer reporting agencies, investigators, and prior employers, with its other locations, divisions, subsidiaries, or affiliates.

Applicant's Signature: _____ Date: _____

Sworn to and Subscribed Before Me This _____ Day of _____ 20 _____

Notary Public: _____ Expiration date: _____



**THE CITY OF MONROE's Disclosure About
Nature and Scope of Investigations
And Use of Information Obtained From Third Parties**

THE CITY OF MONROE hereby discloses to its employees and/or applicants that it may obtain from third parties, including consumer reporting agencies, former employers, outside investigators, and other locations, divisions, subsidiaries, or affiliates of THE CITY OF MONROE information concerning you, including, but not limited to, information about your credit, character, general reputation, personal characteristics, or mode of living which may include information obtained through personal interviews with your past employers, neighbors, friends, or associates and which may include medical information. THE CITY OF MONROE will use this information solely for the purpose of deciding whether or not to employ, promote, transfer, or take some other employment action concerning you. THE CITY OF MONROE may, with your authorization, share the information it collects with other locations, divisions, subsidiaries, or affiliates of THE CITY OF MONROE, but will not share this information with any other person.

PLEASE KEEP THIS FOR YOUR RECORDS



National Crime Information Center Privacy Act

NCIC Operations Manual - III: 2.2 INDIVIDUAL ACCESSES, REVIEW, AND CHALLENGE:

The DO 556-73 (U.S. Department of Justice Order) established the rules and regulations for the subject of an FBI Identification Record to obtain a copy of his or her own record for review or to challenge information on the record. In accordance with the DO, the FBI will release to the subject of an identification record a copy of such record upon submission of a written request, satisfactory proof of identity of the person whose identification record is requested, and a processing fee. The remote accessing of III for individual access and review is not allowed. The subject of an identification record may obtain a copy of his/her criminal history record maintained in the III by submitting a written request via the U.S. mail directly to the FBI Criminal Justice Information Services Division, Record Request 1000 Custer Hollow Road, Clarksburg, WV 26306. Title 5, U.S.C., # 552a, (The Privacy Act) requires agencies to maintain a system of records which establish appropriate administrative, technical, and physical safeguards to ensure the security and confidentiality of records. III/NFF Operations & Technical Manual Ch.2 Section 2.1

PLEASE KEEP THIS FOR YOUR RECORDS

The Georgia Certified Firefighters Physical Agility Test

APPLICANT SHOULD BE CAPABLE OF PASSING THIS TEST

Test Preparations

1. The candidate shall be provided with gloves, helmet, and a self-contained breathing apparatus (without the mask) to be worn during the entire test. The candidate shall be assisted with donning this equipment so that it is worn properly.
2. The following equipment will be needed: a rolled 50-foot section of 1½ or 1¾ inch diameter hose and a multi-story structure, a 24-foot aluminum extension ladder in a securely supported vertical position, a fire department axe and a target such as a wooden pallet, a charged (75 PSI nozzle pressure) 100 foot 1½ or 1¾ inch hoseline with a nozzle attached and secured in the off position, a 165-pound dummy with a strap or harness attached, and a 14-foot roof ladder placed in a horizontal position at a height of 5 feet.
3. Each exercise shall be properly prepared and ready for the candidate prior to beginning the test.
4. The overall distance from the starting point of the first exercise and the last exercise shall not exceed 400 feet and not be less than 300 feet.
5. The starting point (and ending point if applicable) for each exercise shall be pointed out to the candidate prior to beginning the test.
6. The candidate shall be given the overall instructions and the instructions for each exercise prior to beginning the test. (Instructions for all or any single exercise may be read again but time does not stop.)

Overall Candidate Instructions

1. The candidate shall wear gloves, helmet, and a self-contained breathing apparatus (without the mask) during the entire test.
2. The candidate may not run during the test.
3. Time will begin at the starting of the first exercise and shall stop when the candidate completes the last exercise. (The candidate may pause during the test but time will continue to expire.)
4. The candidate may ask that instructions for all or any single exercise be read again but time will continue to expire if the test has already begun.
5. **The candidate must complete the entire test in seven minutes or less.**

Exercise Instructions

1. **Stair Climb** - The candidate, given a rolled 50-foot section of 1½ or 1¾ inch diameter hose and a multi-story structure, shall carry the hose section up one flight of stairs to the second floor and then return to the starting point with the hose. The candidate must use each step while climbing or descending the stairway.
2. **Ladder Extension** - The candidate, given a 24-foot aluminum extension ladder in a securely supported vertical position, must completely extend the fly section (top section) of the ladder. The candidate must then lower the fly section in a controlled fashion to the starting position.
3. **Ventilation Exercise** - Given a fire department axe and standing on level ground with a target (such as a wooden pallet) placed on the ground in front of them, the candidate must strike the target with the axe 20 times. The axe must be brought completely over the shoulder to simulate a chopping motion as if cutting a ventilation hole.
4. **Hose Advance**
The candidate, given a charged (75 PSI nozzle pressure) 100-foot 1½ or 1¾ inch hoseline, shall pick up the nozzle and advance the pressurized hoseline for a distance of 50 feet. After reaching the destination, the candidate shall lay the hose on the ground.
5. **Rescue Drag**
The candidate, given a 165-pound dummy on a level surface, shall drag the dummy a distance of 50 feet.
6. **Ladder Removal/Replacement**
The candidate, given a 14-foot roof ladder placed in a horizontal position at a height of 5 feet and with the ladder rungs in a vertical position, shall lift the entire ladder from its support and place it on the ground then pick the entire ladder up and return it to its original position.