City of Helena Fire Department

816 Hwy 52 East Helena, AL 35080 (205) 663-5809

Employment Application

Return completed application to HelenaFD@cityofhelena.org or in person to Helena Fire Station 1

_☐_Full-time _☐_Part-time Split Shift _☐_ Part-time Fill-in

Name in Full (Last, First, Middle)

_____,_____ _____

Date of Birth ____/____/_____(Optional) SSN _____-_____-_____

Home Address

_____

Contact Information:

Home Phone _____ Cell Phone _____

Email _____

Driver's License Number _____ State _____ Exp _____

Education:

High School Attended _____

Address _____

Years Attended _____ to _____

GED Obtained/Year _____

College or University

Name/Location (includes EMT/Paramedic School)

_____

_____

_____

Degrees Awarded

_____

Professional Certifications:

Firefighter I/II Certification Number _____

ADPH OEMS License Number/Level/Expiration _____/_____/_____

National Registry number and Expiration: _____/_____

City of Helena Fire Department

Employment History (Starting with Current Employer)

Name and Address

Telephone Number

_____ _____

Position Held | Dates of Employment | Supervisor

_____ _____ _____

Reason for Leaving

_____

Description of Job Duties

_____

_____

Name and Address

Telephone Number

_____ _____

Position Held | Dates of Employment | Supervisor

_____ _____ _____

Reason for Leaving

_____

Description of Job Duties

_____

_____

Name and Address

Telephone Number

_____ _____

Position Held | Dates of Employment | Supervisor

_____ _____ _____

Reason for Leaving

_____

Description of Job Duties

_____

_____

City of Helena Fire Department

Have you ever been dismissed or asked to resign from any employment or position you have held:

Yes☐ No☐ If you answer "Yes", set forth your explanations on an attached sheet indicating the name of the company, your dates of employment and the reason(s) for your dismissal/resignation.

Have you ever been convicted of a felony or Misdemeanor crime? (Does not include Traffic Tickets)

Yes☐ No ☐ If yes, Include Dates, Location, charge(s), and agency/agencies involved.

_____

_____

Military Service:

Have you served or are you currently serving in any branch of the US Armed Forces?

Yes☐ No☐

If discharged, list branch, years of service and discharge status

_____

If currently serving, what branch, unit, and schedule for deployments/drills

_____

_____

Applicant Signature: _____ *Date:* _____/_____/_____

City of Helena Fire Department

References:

Please list 3 people who we may contact. This cannot be a relative and you must have known this person for a minimum of 5 years.

Name: _____

Address: _____

Telephone Number: _____

Years Acquainted: _____ Occupation: _____

Name: _____

Address: _____

Telephone Number: _____

Years Acquainted: _____ Occupation: _____

Name: _____

Address: _____

Telephone Number: _____

Years Acquainted: _____ Occupation: _____

City of Helena Fire Department

City of Helena, a Municipal Corporation Pre-Employment Substance Testing Consent and Release Form

I do hereby certify that I have been given notice of the City of Helena's pre-employment substance testing policy, that I have been provided with access to a copy of the City of Helena's Alabama Drug-Free Workplace Policy Statement: and that I have read or waived my right to read it. I hereby freely and voluntary consent to submit to urinalysis and/or other screening or tests as shall be determined by the City of Helena in the selection process of final applicants for employment, for the purpose of determined the presence of, and content of, any or all the following substances:

1. Amphetamines 6. Methadone 2. Cannabinoids 7. Methaqualone 3. Cocaine 8. Barbiturates 4. Phencyclidine (PCP) 9. Benzodiazepines 5. Opiates 10. Propoxyphene

I agree that the employer representative, collection site, physician, or clinic may collect these specimens for screening or testing and may screen them or forward them to a testing laboratory designed by the City of Helena for analysis. I further agree to and hereby authorize the release of the results of said tests to the City of Helena and to the City of Helena's Medical Review Officer and its agents as provided ill the Policy statement. I further agree to release and hold harmless the City of Helena and its agents individually and collectively, including each person or business entity involved in the s ample request, collecting, screening, testing, evaluation, and reporting: and for any decisions, adverse or otherwise, made concerning my application for employment based on the screening or test results.

I understand that a negative screen or test is a pre-condition of employment with the City of Helena and that the refusal to submit to screening or testing, or a positive screen or test result will result in the rejection of my application, or the rescinding of a conditional offer of employment, as described in the City of Helena's Alabama Drug-Free Workplace Policy Statement. I also understand that it is not the purpose of this screen or test to-identify any disability I may have and that pre-employment screening activities are conducted in compliance with ADA requirements. I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original. I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

Applicant Printed Name: _____ Date of Birth: _____

Applicant Signature: _____ Todays Date: _____

Witness Printed Name: _____

Witness Signature: _____