



City of Helena Fire Department

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

Christopher E. Miller, Fire Chief

Employment Application

Fire Marshal

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 _____

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 _____/_____

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

City of Helena Fire Department

Description of Job Duties

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 voluntarily 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 determining 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 in 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 sample 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: _____

Today's Date: _____

Witness Printed Name: _____

Witness Signature: _____