October 1, 2019

North Shelby Fire District provides fire and ALS medical service to 23,000 citizens in unincorporated Shelby County. The district protects 26 square miles and responds to 2,100 incidents yearly. North Shelby Fire District offers a very competitive pay and benefit package when compared to most municipal fire departments.

Department Statistics:
- Three stations manned 24 hours/day:
  - Two ALS pumpers, one BLS pumper
  - One 107’ Aerial Quint
  - Two command vehicles
  - One service vehicle
  - Two ALS ambulances

Full Time Employee Benefits:
- 24/48 work schedule
- Kelly day every 9th shift
- Starting pay beginning October 1, 2019 is $44,156/year
- 7 step raises at 5%, Top out is $62,137/year
- Incentive pay for prior work experience
  - 3-5 years’ experience starting pay is $48,672
  - 6-10 years’ experience starting pay is $51,105
  - 11-15 years’ experience starting pay is $53,674
- Annual bonus (Approximately $4,000) after 1st year of employment
- Sick time at 10 hours/month
- Vacation time based on years of service.
- Holidays worked are paid at 1.5 times regular hourly rate
- Education Incentive after first year of employment, 5% for an Associate degree or 10% Baccalaureate degree in an associated field. 5% for a Baccalaureate degree in a non-associated field.
- Blue Cross health/dental insurance. Employee pays 10.5% of the monthly premium. Currently $120/month for family coverage and $50/month for single coverage
- Retirement Systems of Alabama retirement benefits
- Physical fitness incentive. 2% per year bonus and 24 hours compensatory time given per year for maintaining an excellent fitness level

Minimum Qualifications:
- Alabama Firefighter I/II certification
- Hazardous Materials – Awareness and Operations certification
- Alabama Paramedic License
- Alabama Driver’s License
APPLICATION FOR EMPLOYMENT

North Shelby County Fire and Emergency Medical District

It is our policy to comply with all applicable state and federal laws prohibiting discrimination based on race, age, color, sex, religion, national origin, disability or other protected classification.

COMPLETED APPLICATIONS CAN BE FAXED TO 205-991-7331 OR EMAILED TO CHIEF@NORTHSHELBYFIRE.COM

Name: ______________________________________________________    Date: ________________________________

Social Security #:___________ - __________- ___________   Driver’s License #: ________________________________

D.O.B.: _______________________ Address: __________________________________________________________________

City, ST, Zip: ____________________________________________________________________________________________

Home telephone: ____________________________  Cellular telephone: ______________________________

E-mail: ______________________________________________________________________________

Are you 18 years old?   Yes __________   No __________

(If offered a position, the Immigration Reform & Control Act of 1986 requires  you to furnish two proofs of identity before you can begin work.)

How did you learn of our department? ________________________________________________________________________

When can you start? ______________________________________________________________________________ ________

Are there any shifts or days you cannot or will not work? ___________________________________________________

Are you willing to work overtime as required?     Yes _________    No _________

Can you perform the requirements of this position with reasonable accommodation?  Yes __ ________    No _________

If “Yes” and an accommodation is required, please explain how you would perform the essential requirements of
the position and with what accommodation. (Use an attached sheet if necessary.)

________________________________________________________________________ _________________________________

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

Have you been convicted of a felony?   Yes _________   No _________ If yes, describe conditions: _________________________

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

For department use only:

_________________________________________________________________________ _____________________________

__________________________________________________________________________________________

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Educational Information

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<th>High School</th>
<th>Location of School</th>
<th>Year graduated</th>
<th>Diploma / Degree</th>
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Other Training / education: _____________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

In addition to your work history, what other experiences, skills, or qualifications would especially fit you for work with our department?

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

Please attach copies of all pertinent certificates.

Applicant’s Certification and Agreement

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my immediate dismissal. I authorize North Shelby County Fire and Emergency Medical District to make an investigation of any of the facts set forth in this application.

This Application for Employment is not a contract and cannot create a contract. If employed by North Shelby County Fire and Emergency Medical District, I agree to abide by its rules, regulations, policies, and procedures. I understand that my employment would be “at-will” and could be terminated at any time by either party, with or without cause and with or without notice.

This understanding supersedes all prior agreements and representations, and any subsequent understanding which affects this agreement must be in writing and signed by the administrative staff of North Shelby County Fire and Emergency Medical District.

Applicant signature: ___________________________________________ Date: _____________________________
Work History

May we contact your current employer? Yes ____ No ____

Most recent employer __________________________ City, State, Zip __________________________ Phone number

Date started __________________________ Starting Position

Date left __________________________ Ending Position

Name & Title of Supervisor

Description of Duties

Reason for leaving ___________________________________ __________________________ __________________________
RELEASE OF LIABILITY

I understand that, as required by the North Shelby County Fire and Emergency Medical District policy, all perspective employees must submit to a series of tests, including a physical training test. I expressly release any legal claims I may have against North Shelby County Fire and Emergency Medical District or its employees, officers or agents from requiring the various tests. I also represent that I might be injured during the performance of the pre-employment activities and test, as required by the North Shelby County Fire and Emergency Medical District, and hereby release and waive all legal rights I may have against said District for any and all injuries.

_____________________________________________________  _________________________________
Applicant Signature                     Date

_____________________________________________________  _________________________________
Witness                          Date
Drug Testing

I, _________________________________________, understand that in consideration and as a condition of employment at North Shelby County Fire and Emergency Medical District, in order to ensure a drug-free workplace, I will agree to be subject to and give my consent to substance abuse testing, including but not limited to the following circumstances:

1) Pre-employment  
2) Random testing  
3) Post-accident testing  
4) Reasonable suspicion  
5) Annual testing

I also understand that if I test positive for the use of controlled substances, I will be subject to discipline, including termination. A positive drug test shall be conclusive presumption of impairment resulting from the use of illegal drugs. Refusal to submit or cooperate with North Shelby County Fire and Emergency Medical District in any test investigation will also result in discipline, including termination.

________________________________________________  ________________________________________
Applicant signature                    Date

________________________________________________  ________________________________________
Witness                          Date