The Selma Fire & Rescue provides fire and rescue protection to the City of Selma including three-miles of police jurisdiction outside the city limits. Operating out of four stations, we utilize 4 engine companies, one ladder company, one rescue company, and one hazardous materials unit. On average we handle over 700 calls per year and maintain a Class 2 ISO Rating.

When fully staffed we have 54 line personnel, 4 administrative personnel, and 2 secretaries. Our line personnel operate from three shifts of personnel who work 24 hours on duty, then 48 hours off-duty.

The Selma Fire & Rescue also provides excellent benefits to include medical, RSA retirement, life insurance, paid vacation, sick time and holidays.

The Selma Fire & Rescue is an equal opportunity employer and offers equal employment opportunities to all persons. If you are interested in applying for the position of certified firefighter, please submit a completed application to the following locations:

- City of Selma Personnel Department P.O. Box 450 Selma, AL. 36702.
- Email to firedpt@selma-al.gov
- Hand Delivered to 1500 Broad St. Selma, AL. 36701

Thanking you in advance for your interest in becoming a firefighter for the City of Selma.
Please complete the entire application and answer every question that applies to you.

**EMPLOYMENT APPLICATION**

**Return To:** CITY OF SELMA
PERSONNEL DEPARTMENT
P. O. Box 450
222 Broad Street
Selma, AL 36702-0450

**Full Name**

<table>
<thead>
<tr>
<th>First</th>
<th>Middle</th>
<th>Last</th>
</tr>
</thead>
</table>

**Mailing Address**

<table>
<thead>
<tr>
<th>Number</th>
<th>Street/Route</th>
<th>County</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

**Former Residence:**


**Telephone Number:** Home ( )   Cell ( )   Work ( )

<table>
<thead>
<tr>
<th>Area Code</th>
<th>Area Code</th>
<th>Area Code</th>
</tr>
</thead>
</table>

**Date of Birth:** (Provide only if applying for Firefighter or Police Officer) __/__/____

**Social Security No.**

---

**Are you age 18 or older?** __Yes__ __No__. If hired, can you provide evidence of legal eligibility to work in the U.S.? __Yes__ __No__. An offer of employment is conditioned upon completing Form I-9 and providing the appropriate documents for identity and work authorization.

---

**Have you ever been convicted of a felony and/or misdemeanor other than a minor traffic offense?** __Yes__ __No__. If yes, please explain fully (What, Where, When & Results (for example, paid fine, served time).

**Conviction will not necessarily disqualify an applicant from employment. All circumstances will be considered.**

---

**Military:**

<table>
<thead>
<tr>
<th>Have you served in the military?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

What type of training/experience or education did you receive in the military?

---

<table>
<thead>
<tr>
<th>Branch of Service</th>
<th>Number of years served</th>
<th>Rank</th>
<th>When discharged</th>
</tr>
</thead>
</table>

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**ARE YOU SEEKING**

<table>
<thead>
<tr>
<th>FULL-TIME</th>
<th>PART-TIME</th>
<th>FULL-TIME OR PART-TIME</th>
<th>TEMPORARY</th>
</tr>
</thead>
</table>

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**How did you learn of this position?** (Check those that apply to you)

- [ ] Newspaper Ad
- [ ] State Employment Office
- [ ] Walk-In
- [ ] Friend/Relative
- [ ] Job Posting
- [ ] City's Bulletin Board
- [ ] Radio Announcement
- [ ] City Employee
- [ ] Selma Career Center
- [ ] City's Website
- [ ] College Placement Center
- [ ] High School Counselor
- [ ] Other, please specify ________________

---

**Equal Opportunity Employer**

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**Revised July 2014**
The City of Selma provides a public personnel system based on merit principles. It strives for improvement of public service by employing and developing the best qualified people available. Every job applicant is rated solely on his or her ability without regard to religion, race, color, creed, gender, political beliefs or disability.

<table>
<thead>
<tr>
<th>Are you now employed?</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>May we contact this Employer?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Have you ever been employed by the City of Selma?</td>
<td>YES</td>
<td>NO</td>
</tr>
</tbody>
</table>

If yes, give dates of employment and the Department where you worked: FROM: __________ TO: __________ DEPARTMENT: ________________

Include details of such employment in the sections below. Use back of page if more space is needed.

Have you ever been involuntarily terminated, discharged, forced to resign, resigned with disciplinary action pending, or resigned in lieu of termination from any job? | YES | NO |

If yes, provide an explanation below:

WORK HISTORY. (Complete all blanks legibly)

Start with your current or last job and work back. Be specific about the duties you performed in each job. If you changed jobs and/or titles at the same employer, list separately. Include experience in military. You may submit resume along with completed application.

1. Current or Last Employer: ___________________________ Job Title: ___________________________

Address: ____________________________________________

From: (Month) _______ (Year) _______ TO: (Month) _______ (Year) _______ Number Hours per Week: _______

Beginning Salary: $________ Per________ Ending Salary: $________ Per________ May we contact this employer? (Yes) (No)

Reason for leaving:

Number of employees you supervised on a regular basis: ______ Equipment you operated: ____________________________

Name, Title and Telephone Number of Supervisor:

Describe Your Duties in Detail:

2. Employer ___________________________ Job Title: ___________________________

Address: ____________________________________________

From: (Month) _______ (Year) _______ TO: (Month) _______ (Year) _______ Number Hours per Week: _______

Beginning Salary: $________ Per________ Ending Salary: $________ Per________ May we contact this employer? (Yes) (No)

Reason for leaving:

Number of employees you supervised on a continuous basis: ______ Equipment you operated: ____________________________

Name, Title and Telephone Number of Supervisor:

Describe Your Duties in Detail:
3. Employer ___________________________ Job Title: ___________________________

Address: _________________________________________________________________

From: (Month) _______ (Year) _______ To: (Month) _______ (Year) _______
Number Hours per Week _______

Beginning Salary: $ _______ Per _______ Ending Salary: $ _______ Per _______
May we contact this employer? __ (Yes) __ (No)

Reason for Leaving:
Number of employees you supervised on a regular basis: _______
Equipment you operated: __________________________________________________

Name, Title and Telephone Number of Supervisor:
______________________________
Describe Your Duties in Detail:
_____________________________________________________________________

4. Employer ___________________________ Job Title: ___________________________

Address: _________________________________________________________________

From: (Month) _______ (Year) _______ To: (Month) _______ (Year) _______
Number Hours per Week _______

Beginning Salary: $ _______ Per _______ Ending Salary: $ _______ Per _______
May we contact this employer? __ (Yes) __ (No)

Reason for Leaving:
Number of employees you supervised on a regular basis: _______
Equipment you operated: __________________________________________________

Name, Title and Telephone Number of Supervisor:
______________________________
Describe Your Duties in Detail:
_____________________________________________________________________

EDUCATION

High School Diploma or GED? __Yes __No
Date/Place Rec’d GED: (Submit Certificate) ____________
Circle the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12
Name/Location of Last School Attended: __________________________

PROVIDE INFORMATION ON SCHOOLS ATTENDED. SPECIFY UNDERGRADUATE OR GRADUATE WORK. If on-line indicate by Asterisk (*)

<table>
<thead>
<tr>
<th>Name and Location of College/University, Other:</th>
<th>Dates of attendance</th>
<th>Did you Graduate?</th>
<th>Type of Degree and Date</th>
<th>Major</th>
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<tbody>
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<td>Month/Year From To</td>
<td>Credit Hours Earned Sem. Qtr. Yes No</td>
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Are you now working towards a college degree (Bachelor’s Graduate, or Special)? __Yes __No.
If YES, name of Degree and Expected date of receipt _______________________ Date: __/___/_____.

3
**PROFESSIONAL LICENSE And/ OR CERTIFICATE (i.e., CDL, etc)**

- **License/Certificate Issued By:**
- **Field / Trade / Specialization:**
- **License/Certificate No.:**
- **Issue Date:**
- **Expiration Date:**

Give title or kind of licenses or permits in the space above.

Do you hold a current valid Alabama Driver's License?  
- Yes  
- No  
License Number:  
Expiration Date:

Are you skilled in the operation or maintenance of any kind of equipment?  If yes, name the type of machines or equipment and the years of experience:

**ADDITIONAL PAID WORK EXPERIENCE**

Please ask for a supplemental page if you need more available space.

<table>
<thead>
<tr>
<th>FROM</th>
<th>TO</th>
<th>Hours per Week</th>
<th>Employer Name &amp; Address</th>
<th>Last Salary Per</th>
<th>Job Title and Duties</th>
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</table>

**LIST ANY VOLUNTEER WORK AND ALL PERIODS OF UNEMPLOYMENT**

<table>
<thead>
<tr>
<th>DATES (Month &amp; Year) From:</th>
<th>TO:</th>
<th>Where did you volunteer?</th>
<th>Description of activities or volunteer work</th>
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List any relatives presently employed by the City of Selma in any capacity:

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<th>Name:</th>
<th>Relationship</th>
<th>Department:</th>
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**PLEASE READ CAREFULLY BEFORE SIGNING:**

I hereby certify that I have never been a member of any organization or group which seeks to alter the form of government of the United States by unconstitutional means. I further certify that all answers to the above questions are true, correct and complete and I understand that any misstatement of material facts contained in this application, regardless of time of discovery, will cause forfeiture upon my part of all rights to any employment subject to the jurisdiction of the City of Selma, Alabama. I understand that all information on this application is subject to verification and I consent to background checks and employment checks. I understand that this application shall be a confidential record of the personnel department subject to inspection of the appointing authority as provided by the rules and regulations and to my personal inspection.

Signature:  
Date Signed:  

**For Personnel Use Only:**
APPLICANT'S NAME

Computer Skills:

Level (Check X)

- MSWIRD
- EXCEIL (incl. formulas)
- POWERPOINT
- Other Software Packages (List below)

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<tr>
<th></th>
<th>Beginning</th>
<th>Intermediate</th>
<th>Advanced</th>
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ACCOUNTING SKILLS:

List formal Accounting Courses Taken:


Other experience (e.g., payroll, GL, etc.):
TO: City of Salem Employees
FROM: Personnel Department
DATE: October 12, 2007
RE: Race or Ethnicity Self-Identification

The City of Salem is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, you are invited to voluntarily self-identify your race or ethnicity.

Providing this information is voluntary and refusal to provide will not subject you to any adverse treatment.

The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders and regulations, including those that require the information to be summarized and reported to federal government for civil rights enforcement. When the information is reported to the federal government, data will not identify any specific individual.

Please complete the self-identification survey below and return to the Personnel Department no later than October 22, 2007.

Thank you for your cooperation.

---

Name: __________________________

PLEASE PRINT: LAST FIRST INITIAL

DEPARTMENT

Please check the box that most accurately describes your race/ethnicity. You may check only one (1) box.

☐ African American (Not Hispanic or Latino)

☐ American Indian or Alaska Native (Not Hispanic or Latino)

☐ Asian (Not Hispanic or Latino)

☐ Hispanic or Latino

☐ Native Hawaiian/Pacific Islander

☐ Two or More Races

☐ White (Not Hispanic or Latino)
TO WHOM IT MAY CONCERN:

I, ________________________, do hereby authorize the City of Selma or any other authorized representative bearing this release to obtain any information or records from your files pertaining to my employment, military and educational records. I further state that I will not hold you, your firm, or its officers liable for release of this information.

Signature of Applicant

Date

Social Security Number

Signature of Person Receiving Information
CITY OF SELMA DRUG ABUSE POLICY

Drug abuse while at work or otherwise, seriously endangers the safety of employees and the general public and creates a variety of work place problems including increased injuries on the job, increased absenteeism, increased health and benefit costs, increased work theft, decreased morale, decreased productivity, and a decline in the quality of services provided by the city. As a condition of employment, the city routinely screens job applications for drug use in order to avoid the problems associated with drug abuse.

Job applicants are required to submit to drug testing at or near the final stage of the hiring process. Any offer of employment will be conditional upon a negative drug test result.

The policy is contained in Rule 8 of the City of Selma personnel rules and regulations which is available for your review.

I have read and understand the paragraphs above.

Date ____________________ Applicant’s Signature ____________________

FOR EMPLOYEE SERVICES USE ONLY
TEST RESULTS: (If Applicable)

COMMENTS:
To:  

From: Human Resources
Director - (334) 874-5328

has made application for a job with the City of Selma. Your cooperation in providing us with the information listed below would be greatly appreciated. For your convenience, we have enclosed a stamped, self-addressed envelope.

Please indicate your rating by checking the appropriate column:

<table>
<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>Good</th>
<th>Average</th>
<th>Unsatisfactory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attendance and Punctuality</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Ability to Communicate</td>
<td></td>
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<tr>
<td>Cooperation with Others</td>
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<tr>
<td>Ability to accept instructions</td>
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<tr>
<td>Ability to use Proper judgment</td>
<td></td>
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<td></td>
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<tr>
<td>Effective Use of Time</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Employment Dates: FROM: ____________________________ TO ____________________________

Position Held

Reason for Leaving

Is this individual eligible for retire? Yes________ No________

Additional Remarks:

Reference Signature __________________________________________ Date __________ / __________ / __________

I authorize the above person or organization to provide The City of Selma with any relevant information that may be required to arrive at an employment decision. I release you as the custodian of such records from any and all liability as a result of compliance with this request.

Applicant's Name __________________________ Social Security Number __________________________ Date __________