



**ALABAMA FIRE COLLEGE &
PERSONNEL STANDARDS & EDUCATION
COMMISSION**

This form must be submitted to the Alabama Fire College & Personnel Standards & Education Commission's Certification Unit within **TEN DAYS** of employment

NOTICE OF EMPLOYMENT

Fire Chief/Authorized Agent Name (Print)	Position
Fire Department Name	City/District

I hereby certify and warrant that the following represents a true and accurate statement of the qualifications for and terms of employment. I further certify that the individual listed below is an active employee of my organization and is covered by the same workers compensation insurance or other such protection as is extended to all other employees.

I hereby certify and warrant that the following individual has satisfactorily passed a background check and drug screen.

Complete Name of Employee	Date of Birth
Date of Employment	Social Security Number (Last 4)

Trainee (As defined in Code of Alabama 36-32-1)?	YES		NO	
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If No, list FFI Certification Number (Pro Board or IFSAC)	
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Signature of Fire Chief/Authorized Agent	Date