



# GRAYSVILLE FIRE DEPARTMENT

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## EMPLOYMENT APPLICATION

DATE: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

FOR OFFICE USE ONLY	
DATE RECEIVED:	____ - ____ - ____
APPLICATION COMPLETE	<input type="checkbox"/> Y <input type="checkbox"/> N
DRUG SCREEN	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
	<input type="checkbox"/> N/A
<input type="checkbox"/> COPY OF D.L.	<input type="checkbox"/> COPY OF INS.
<input type="checkbox"/> MVR	<input type="checkbox"/> CRIMINAL HX
<input type="checkbox"/> REFERENCES	<input type="checkbox"/> EMPLOYMENT HX
<input type="checkbox"/> COPY OF CERT'S	<input type="checkbox"/> PHYSICAL / PT
	APPLICATION

FULL NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ SEX:  M  F SSN: \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_

ADDRESS: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

\_\_\_\_\_ CELL PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

DRIVER LICENSE #: \_\_\_\_\_ EXPIRATION: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

CLASS: \_\_\_\_\_ RESTRICTIONS?  YES  NO

HAS YOUR DRIVER LICENSE EVER BEEN SUSPENDED OR REVOKED?  YES  NO

EMERGENCY CONTACT: \_\_\_\_\_ RELATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_

POSITION APPLIED FOR
<input type="checkbox"/> FULL TIME PAID
<input type="checkbox"/> PART TIME PAID
<input type="checkbox"/> VOLUNTEER
<input type="checkbox"/> ANY

WHEN COULD YOU START? \_\_\_\_ - \_\_\_\_ - \_\_\_\_

IF IT IS NOT POSSIBLE TO ACCEPT YOUR APPLICATION AT THIS TIME, WOULD YOU LIKE TO BE NOTIFIED OF FUTURE OPPORTUNITIES WITH THE GRAYSVILLE FIRE DEPARTMENT?  YES  NO

▶ EDUCATIONAL BACKGROUND ◀				
HIGH SCHOOL		YEAR GRADUATED:		
(If not a high school graduate)	GED <input type="checkbox"/> Yes <input type="checkbox"/> No	DATE:		CITY:
COLLEGE		DEGREE <input type="checkbox"/> Yes <input type="checkbox"/> No	DATE:	
FIELD OF STUDY				
COLLEGE		DEGREE <input type="checkbox"/> Yes <input type="checkbox"/> No	DATE:	
FIELD OF STUDY				

▶ MILITARY SERVICE HISTORY ◀				
SERVICE	ACTIVE	YRS. OF SERVICE	BRANCH	MOS
<input type="checkbox"/> REGULAR	<input type="checkbox"/> YES <input type="checkbox"/> NO			
<input type="checkbox"/> RESERVE	<input type="checkbox"/> YES <input type="checkbox"/> NO			
<input type="checkbox"/> GUARD	<input type="checkbox"/> YES <input type="checkbox"/> NO			
TYPE OF DISCHARGE:				

▶ EMPLOYMENT HISTORY ◀					
	NAME AND ADDRESS OF COMPANY	TITLE	YEARS	SUPERVISOR	CONTACT NUMBER
<input type="checkbox"/>					- -
<input type="checkbox"/>					- -
<input type="checkbox"/>					- -

▶ PERSONAL REFERENCES ◀			
	NAME	ADDRESS	CONTACT NUMBER
<input type="checkbox"/>			- -
<input type="checkbox"/>			- -
<input type="checkbox"/>			- -
(Do not include relatives)			

▶ FIRE SERVICE BACKGROUND ◀				
<input type="checkbox"/> Career Firefighter	<input type="checkbox"/> Volunteer Firefighter	<input type="checkbox"/> Military Firefighter	<input type="checkbox"/> Other	
(Give certification and license numbers)				
<input type="checkbox"/> Firefighter I (160)	<input type="checkbox"/> Firefighter I (320)	<input type="checkbox"/> Firefighter II		
<input type="checkbox"/> Fire Officer I	<input type="checkbox"/> Fire Officer II	<input type="checkbox"/> Fire Officer III		
<input type="checkbox"/> Fire Officer IV	<input type="checkbox"/> Fire Investigator	<input type="checkbox"/> Telecommunicator		
<input type="checkbox"/> Instructor I	<input type="checkbox"/> Instructor II	<input type="checkbox"/> Instructor III		
<input type="checkbox"/> Fire Inspector I	<input type="checkbox"/> Fire Inspector II	<input type="checkbox"/> Fire Inspector III		
<input type="checkbox"/> A/O Pumper	<input type="checkbox"/> A/O Aerial	<input type="checkbox"/> HAZMAT A/O		
<input type="checkbox"/> HAZMAT Tech	<input type="checkbox"/> Airport FF	<input type="checkbox"/> Swift H2O		
<input type="checkbox"/> High Angle Rope	<input type="checkbox"/> Confined Space	<input type="checkbox"/> Trench Rescue		
<input type="checkbox"/> Structural Collapse	<input type="checkbox"/> Extrication	<input type="checkbox"/> Diver		
<input type="checkbox"/> EMT Basic	<input type="checkbox"/> EMT Inter	<input type="checkbox"/> EMT Paramedic		

**HAVE YOU EVER BEEN FIRED OR ASKED TO RESIGN FROM ANY JOB OR POSITION? \_\_\_NO \_\_\_YES**

**IF YES**

**EXPLAIN:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I state that all information which I have provided is true and factual to the best of my knowledge. I understand that the Graysville Fire Department may verify any or all of the information for reasons of employment (paid or volunteer). I understand that all preceding pages are part of my application to the Graysville Fire Department. I agree to notify of any changes that occur in my physical or mental health and any conduct I have or may become involved in that may be considered unbecoming of the position of firefighter before and during my employment (paid or volunteer).**

**I understand that drug or alcohol abuse will not be tolerated. If employed (paid or volunteer), I will be subject to random or periodical drug and or alcohol screening. I understand that any refusal to be screened for drug or alcohol abuse will be grounds for immediate termination. I also understand that any alcohol consumption prior to or during any Graysville Fire Department event including emergency operations will be grounds for disciplinary action up to and including termination.**

**I understand that my employment (paid or volunteer) is conditional upon passing pre-employment minimum physical fitness tests and drug screening as well as completing probationary training.**

**In consideration of my employment (paid or volunteer), I agree to abide by all Graysville Fire Department rules, regulations and policies including any future additions or amendments. I also understand that violations of rules, regulations and policies will make me liable to disciplinary action and/or termination.**

**I further state that upon separation from Graysville Fire Department whether voluntary or termination, I will return all Graysville Fire Department property including but not limited to all issued gear and equipment, all department patches, badges, uniform items and tee shirts, and any items with Graysville Fire Department logo.**

***By affixing my signature to this application, I swear all information on this application to be true and accurate, and I give the Graysville Fire Department permission to conduct a background investigation to include but not limited to criminal history, driving history, character check, and employment and training verification.***

**SIGNED:** \_\_\_\_\_

**DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**WITNESS:** \_\_\_\_\_

**DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**FIRE CHIEF:** \_\_\_\_\_

**DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_