



Joshua B. Vincent
Fire Chief
P.O. Box 172
118 Magnolia Street
Lincoln, AL 35096
Josh.Vincent@LincolnAL.org

Lincoln Fire Department

Certified Firefighter/Advanced EMT - Full Time

- **NEW STARTING BASE PAY: \$48,136.68**
- 24/48 Work schedule
- 07:00 Shift change
- 14 Day pay cycle, anything over 106 hours is overtime
- 14 Paid Holidays – 12 hours each for shift personnel
- Blue Cross Health/Dental – Single: \$61.34/month - Family: \$179.94/month
- Retirement Systems of Alabama TIER I benefits
- Uniform Allowance
- Custom Fit PPE
- All Continued Education Units (CEU's) provided and paid for by City of Lincoln.
- Industrial Fire Protection Bonus Pay

For more information:

Fire Chief Joshua Vincent; 205-763-4040
Deputy Chief Billy Miller; 205-763-4041

josh.vincent@LincolnAL.org
billy.miller@LincolnAL.org

Together, we can achieve more.....



Internal Use ONLY	
FF I/II	
EMT-B	
EMT-A	
EMT-P	

Fire Department

APPLICATION FOR EMPLOYMENT

**** A fully completed Application for Employment is REQUIRED for all positions within the Fire Department.
A resume/cover letter does not exempt this requirement****

Personal Information	Last Name		First Name		Middle Initial	
	Physical Address			City	State	Zip Code
	Phone Number			Email Address		
	Driver's License #:					
	Are you a Veteran?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Dates of service: To _____ From _____	
	If yes, which branch:					
	Rank at Discharge:			Type of Discharge?:		
	If other than honorable, please explain:					
	<p>Federal laws require that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with such laws, the City of Lincoln will verify the status of every individual offered employment with the City. In this connection, all offers of employment are subject to verification of the applicant's identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identity and employment authorization.</p>					
	Are you legally authorized to work and remain in the United States and the State of Alabama? Yes <input type="checkbox"/> No <input type="checkbox"/>					

Position Information	Title of the position for which you are applying:			Date of Application:		
	Do you currently hold an EMT certification valid in the State of Alabama? Yes <input type="checkbox"/> No <input type="checkbox"/>					
	If yes, what is the certification number? (Please attach a copy)					
	Type of Employment Desired		Full-time <input type="checkbox"/>	Part-time <input type="checkbox"/>	Temporary <input type="checkbox"/>	
	Days Available					
	Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Thursday <input type="checkbox"/>	Friday <input type="checkbox"/>	Saturday <input type="checkbox"/> Sunday <input type="checkbox"/>
	Hours Available					
Are you willing to work overtime? Yes <input type="checkbox"/> No <input type="checkbox"/>						



Education	Have you ever been employed by the City of Lincoln? Yes <input type="checkbox"/> No <input type="checkbox"/>
	If yes, which department and when?
	Is there anything that would prevent you from performing in a reasonable and safe manner the activities involved in the position for which you have applied? Yes <input type="checkbox"/> No <input type="checkbox"/>
	If yes, please explain

Education	School / College Name	Dates Attended		Major	Minor	Degree(s) Earned
	High School/GED	From	To			
	College	From	To			
	College	From	To			
	College	From	To			
	Other (Specify):	From	To			
	Other (Specify):	From	To			

Military Qualifications	Do you have any military qualifications which you would like to apply to this job? Please list duties, including special training, that is relevant to this position.

Employment History	Please list all jobs performed (paid, unpaid, full or part-time, military service, etc.) during the last ten (10) years. Attached additional sheets if required. Work performed more than ten (10) years ago may be listed if it applies to the job you seek.				
	Employer		Telephone Number		Job Duties
	Address		Dates of Employment		
	Title		Hourly Rate/Salary		
	Full-time	Part-time	Other		
	Reason for Leaving				



Employment History Continued	Employer		Telephone Number	
	Address		Dates of Employment	
	Title		Hourly Rate/Salary	
	Full-time	Part-time	Other	
	Reason for Leaving			
	Employer		Telephone Number	
	Address		Dates of Employment	
	Title		Hourly Rate/Salary	
	Full-time	Part-time	Other	
	Reason for Leaving			
	Employer		Telephone Number	
	Address		Dates of Employment	
	Title		Hourly Rate/Salary	
	Full-time	Part-time	Other	
	Reason for Leaving			

Certificates, Courses, Professional Activities, Skills or Awards	If you possess any industry or state certifications, skills, or abilities that especially qualify you for this position? Supply certification type and number (i.e., POST - Peace Officer Training Standards, ACM-Alabama Certified Mapper, NCIC, ACCA, etc.)

References	Please list three (3) professional references who can provide information verifying qualifications, character, and/or work experience.	
	Name and Title	Phone Number
	Name and Title	Phone Number
	Name and Title	Phone Number



Relatives in Employment	Are you a relative of any employee who works for the City of Lincoln, AL?	Yes	No
	If yes, list the name(s), relationship, and the position of the relative(s):		
	Name of Employee		
	Name of Employee		

Felony Conviction(s)	Conviction is not necessarily disqualifying. Give the facts and dates of your conviction(s) below.		
	Have you ever been convicted of any offense other than a minor traffic violation?	Yes	No
	If yes, explain:		

Please use an additional sheet if required.

Please read carefully before signing below. I signify that I understand and voluntarily agree that:

1. The information that I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume, or any other materials, or during any interviews, can be justification for refusal of employment or termination.
2. Any offer of employment I may receive from the City of Lincoln is contingent upon my successful completion of the City's total pre-employment screening process, including the receiving of satisfactory references, and my satisfactory completion of any post-job offer/pre-employment physical examination that the City may require.
3. I understand that as a condition of employment, I may be required to undergo and successfully pass a screening for alcohol and/or drugs. I also understand and agree that, if employed, I may be required to submit to alcohol or drug screening at any time when my employer determines that a reasonable cause exists.
4. In processing my application for employment, my employer may verify all the information provided by me, or may procure or have prepared a background report for this purpose concerning, among other things, my prior employment or military record, education, character, general reputation, personal characteristics, criminal record, and mode of living. I understand that upon written request to my employer, I will be informed of whether a background report was requested and given full information as to the nature and scope of this investigation.
5. I authorize and request that all of my present and former employers and those individuals I have listed as personal references furnish information about my employment record, including a statement of the reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment, hereby releasing them from any and all liability for damages arising from furnishing the requested information.
6. In consideration of my employment, I agree to comply with the policies, rules, regulations, and procedures of the City of Lincoln and understand that my employment with the City is voluntarily entered into, and that I am free to resign at any time, with or without cause. Similarly, the City may terminate the employment relationship, so long as there is no violation of



applicable law. I further understand that no representative of the City of Lincoln has the authority to enter into an employment agreement with me except elected or appointed officials of the City of Lincoln who have the authority to hire, employ, and dismiss employees according to the provisions of local law.

7. I understand, as a part of the City of Lincoln's Substance Abuse Policy, I may be required to undergo Pre-employment Substance Testing at my own expense, (estimated to be approximately \$40.00) at a location specified by the City of Lincoln.

Signature of Applicant

Date

The City of Lincoln is dedicated to providing equal opportunity for employment to all applicants without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status. Women, minorities, people with disabilities and veterans are strongly encouraged to apply.