

Vance Fire Protection District

Philip Blazer

Fire Chief

*Vance Fire Protection District
17718 Vance Municipal Drive
Vance, AL 35490
PBlazer@vancefire.org*

Vance Fire Protection District is a combination volunteer/paid fire service providing emergency response to Tuscaloosa/ Bibb County.

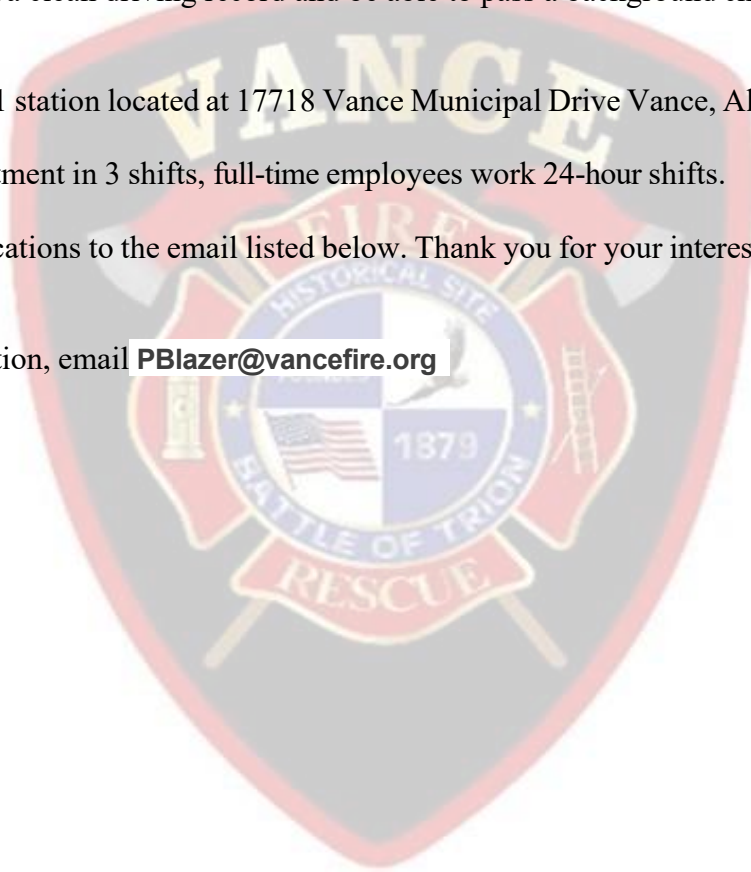
We are currently looking for full-time and part-time candidates for the role of Firefighter. Candidates must have Firefighter I/II. Medic /Apparatus Operator is preferred. Must be 18 years or older with a clean driving record and be able to pass a background check.

We operate out of 1 station located at 17718 Vance Municipal Drive Vance, AL 35490.

We staff the department in 3 shifts, full-time employees work 24-hour shifts.

Please email applications to the email listed below. Thank you for your interest.

For more information, email PBlazer@vancefire.org





VANCE FIRE PROTECTION DISTRICT

APPLICATION for EMPLOYMENT

PERSONAL AND CONFIDENTIAL

IMPORTANT

- ☐ Vance Fire Protection District provides equal employment opportunity for all persons without regard to race, color, creed, sex, religion, marital status, age, national origin or ancestry, physical or mental disability, medical condition, sexual orientation, or any other consideration protected by federal, state or local laws.
- ☐ When required by the position, you will be required to take a physical examination and/or a drug and alcohol screen as a condition of employment or continued employment.
- ☐ You will be required to furnish information that would allow the company to verify your records including, but not limited to, past employment, education, driving, credit, social security and felony and serious misdemeanor convictions as a condition of employment or continued employment.
- ☐ You will be required to furnish satisfactory proof of citizenship or legal alien status in compliance with the Immigration Reform and Control Act as a condition of employment or continued employment.

| | |
|--|---------------------|
| | Date of Application |
| | Middle Initial |
| | First Name |
| | Last Name |

The Vance Fire Protection District reserves the right to periodically check its employees for criminal activity. If criminal activity past or present should be discovered, the employee in question shall be subject to termination after proper procedure has been followed.

| | |
|---------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| QUALIFICATION | List all current licenses and/or areas of certification. List all equipment (office, trade, or technical) that you operate proficiently. List any training, skills, aptitudes, qualifications or other information which you feel is relevant to the type of employment you are seeking. |
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| | |
|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| RELEASE | Please read carefully, initial each paragraph and sign below. |
| | _____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery. |
| | _____ I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships, and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure. |
| | _____ I understand that employment at the Vance Fire Protection District is “ at will ”, which means that either I or the Vance Fire Protection District can terminate the employment relationship at any time, with or without prior notice, and for any Reason not prohibited by stature. I also understand that all employment is continued on the “at will” basis, and that if I am employed, only the Fire Chief or the Fire Board, has the authority to alter the “at will” employment relationship. Signature of Applicant: _____ Dated: _____ |

| For Office Use Only | Applicants DO NOT write below this line |
|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Received in Human Resources: Date: _____ Time: _____ | Forwarded to: _____ Date: _____ |
| Interview: Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____ Time: _____ | Verification Checks Required _____ DMV _____ Criminal _____ SSN _____ Education _____ Credit _____ Employers _____ Drug _____ Physical |
| Start Date: _____ Rate: _____ Position: Department Head Signature: _____ | |

Vance Fire Protection District

BACKGROUND INVESTIGATION CONSENT

I, _____, hereby authorize, the Vance Fire Protection District , and/or its agents to make an independent investigation of my background, social security number, documents presented for employment eligibility, references, character, past employment, education, credit history, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for employment now and, if applicable, during the tenure of my employment with the Vance Fire Protection District .

I release the Vance Fire Protection District and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

_____ Full Name (please print)

_____ Maiden Name or Other Names Used

_____ Present Address _____ How Long?

_____ City/State _____ Zip

_____ Former Address _____ How Long?

_____ City/State _____ Zip

*Date of Birth Social Security Number Driver’s License Number State of License

_____ Signature _____ Date

*NOTE: The above information is required for identification purpose only, and is in no manner used as qualifications for employment. The Vance Fire Protection District is an Equal Opportunity Employer, and does not discriminate on the basis of Sex, Race, Religion, Age (40 and over), Handicap or National Origin.

PERSONAL INFORMATION

| | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| First Name | | Middle Initial | Last Name | |
| Current Address | Number and Street | City | State | ZIP |
| Yrs at Address | | | | |
| Previous Address | Number and Street | City | State | ZIP |
| Yrs at Address | | | | |
| Primary Telephone: () | | Cell Phone () | E-mail: | |
| Social Security No.: | Driver's License No.: | | Is your license Valid <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Year of Expiration: | | Issuing State | |
| Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No, Eligibility requires a valid work permit. | | If hired, can your present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If hired, would you have a reliable means of transportation to and from work? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe the functions that cannot be performed: _____ _____ | | | | |
| Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (<i>Conviction does not guarantee employment disqualification.</i>) <input type="checkbox"/> Yes, <input type="checkbox"/> No Describe nature of crime(s) and where and when convicted and disposition: _____ | | | | |
| NOTE: A criminal conviction will not necessarily be a bar to consideration for employment, except that a felony conviction will bar employment in a law enforcement job; the disclosure of a misdemeanor conviction will not automatically result in disqualification. Failure to disclose a conviction may be considered as grounds for disqualification. For these reasons, applicants should be careful to disclose all criminal convictions. | | | | |

JOB SUITABILITY

| | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|---------------------------------------------------------------------------------------------|
| Position applying for: | | Desired Status <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal | | Desired Pay: | Can you work... <input type="checkbox"/> Weekends? <input type="checkbox"/> Overtime? |
| On what date are you available for work? | Circle the days you are available for work Mon Tues Wed Thurs Fri Sat Sun | | | List any upcoming dates you cannot work. | |
| Have you applied or worked here before? Applied <input type="checkbox"/> No <input type="checkbox"/> Yes Date _____ Worked <input type="checkbox"/> No <input type="checkbox"/> Yes Date _____ | | | Have you ever had a supervisory "Position"? <input type="checkbox"/> No <input type="checkbox"/> Yes What Company? What Position? No. of employees you supervised? | | |

Use this page to tell us about any other information you want us to know about.

MILITARY

| | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Branch of U.S. Service <input type="checkbox"/> Navy <input type="checkbox"/> Air Force <input type="checkbox"/> Guard/Reserves <input type="checkbox"/> Army <input type="checkbox"/> Marines | Was separation from military service anything other than an honorable discharge? <input type="checkbox"/> No <input type="checkbox"/> Yes Explain _____ |
| Nature of duties and any Special Training and Honors received: _____ | Dates of Active Duty _____ |
| List any skills you acquired in the service that you think might relate to the position for which you are applying. _____ | |

REFERENCES

| List at least three (3) non-relatives whom you have known for at least one year. | | | | | |
|-----------------------------------------------------------------------------------------------|-----------------|---------|-----------------|------------|-----------|
| Reference Type: <input type="checkbox"/> Personal <input type="checkbox"/> Professional | Print Full Name | Address | Phone () | Profession | Yrs Known |
| Reference Type: <input type="checkbox"/> Personal <input type="checkbox"/> Professional | Print Full Name | Address | Phone () | Profession | Yrs Known |
| Reference Type: <input type="checkbox"/> Personal <input type="checkbox"/> Professional | Print Full Name | Address | Phone () | Profession | Yrs Known |

EDUCATION

| Education | Name and Address of School | Course of Study | Circle Last year completed | Did you Graduate | List Diploma or Degree |
|----------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------|----------------------------|-------------------------------------------------------------|------------------------|
| High School | | | 1 2 3 4 | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <input type="checkbox"/> Business School <input type="checkbox"/> Trade School <input type="checkbox"/> College/University | | | 1 2 3 4 | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <input type="checkbox"/> Business School <input type="checkbox"/> Trade School <input type="checkbox"/> College/University | | | 1 2 3 4 | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <input type="checkbox"/> Graduate School <input type="checkbox"/> Other _____ | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

EMPLOYMENT EXPERIENCE

List below all present and past employment starting with your most recent employer (last 7 years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

Mark this ☐ box if attaching a second sheet of work experience.

| | | | |
|------------|-------------------------------|-------|----------------|
| Employer | Dates Employed | | Work Performed |
| | From | To | |
| Address | | | |
| Phone | May we contact this employer? | | |
| Job Title | Hourly Rate Salary | | |
| | Starting | Final | |
| Supervisor | Reason for leaving | | |
| | | | |
| Employer | Dates Employed | | Work Performed |
| | From | To | |
| Address | | | |
| Phone | May we contact this employer? | | |
| Job Title | Hourly Rate Salary | | |
| | Starting | Final | |
| Supervisor | Reason for leaving | | |
| | | | |
| Employer | Dates Employed | | Work Performed |
| | From | To | |
| Address | | | |
| Phone | May we contact this employer? | | |
| Job Title | Hourly Rate Salary | | |
| | Starting | Final | |
| Supervisor | Reason for leaving | | |

EMPLOYMENT EXPERIENCE

| | | | |
|------------|-------------------------------|--------------------|----------------|
| Employer | Dates Employed | | Work Performed |
| | From | To | |
| | May we contact this employer? | | |
| | Hourly Rate Salary | | |
| | Starting | Final | |
| Address | | | |
| Phone | | Reason for leaving | |
| Job Title | | | |
| Supervisor | | | |
| | | | |
| Employer | Dates Employed | | Work Performed |
| | From | To | |
| | May we contact this employer? | | |
| | Hourly Rate Salary | | |
| | Starting | Final | |
| Address | | | |
| Phone | | Reason for leaving | |
| Job Title | | | |
| Supervisor | | | |
| | | | |
| Employer | Dates Employed | | Work Performed |
| | From | To | |
| | May we contact this employer? | | |
| | Hourly Rate Salary | | |
| | Starting | Final | |
| Address | | | |
| Phone | | Reason for leaving | |
| Job Title | | | |
| Supervisor | | | |