



CITY OF ROANOKE RAPIDS

FIRE DEPARTMENT APPLICATION FOR EMPLOYMENT



We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

<u>Position(s) Applied For</u>	<u>Date of Application</u>
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend
<input type="checkbox"/> Other _____	<input type="checkbox"/> Inquiry

Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Numbers		Social Security Number	

Best time to contact you at home is:.....a.m/p.m.

If you are under 18 years of age, can you provide required proof of your eligibility to work?..... yes no

Have you ever filed an application with us before?..... yes no

If Yes, give date _____

Have you ever been employed with us before?..... yes no

If Yes, give date _____

Do any of your friends or relatives, other than spouse, work here?..... yes no

Are you currently employed?..... yes no

May we contact your present employer?..... yes no

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?..... yes no

(Proof of citizenship or immigration status will be required upon employment)

Date available for work_____/_____/_____ What is your desired salary range?_____

Are you available for work: Full-time (please indicate 1 2 3 shift)

Part-time (please indicate Mornings Afternoon Evenings)

Temporary (please indicate dates available____/____/____-____/____/____)

Are you currently on "layoff" status and subject to recall?..... yes no

Can you travel if a job requires it?..... yes no

Have you been convicted of a felony within the last five years? yes no

A criminal record does not constitute an automatic bar to employment and will be considered only as it relates to the job in question.



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EDUCATION

	Name and Address of School	Course of Study	No. of years completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.



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<u>EMPLOYMENT EXPERIENCE</u>			
Dates of Employment		SALARY	
Employer			
Address			
Telephone Number		Supervisor	
Job Title			
Work Performed			
Reason For Leaving			
Dates of Employment		SALARY	
Employer			
Address			
Telephone Number		Supervisor	
Job Title			
Work Performed			
Reason For Leaving			



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FIRE DEPARTMENT APPLICATION FOR EMPLOYMENT



<u>EMPLOYMENT EXPERIENCE</u>			
Dates of Employment		SALARY	
Employer			
Address			
Telephone Number		Supervisor	
Job Title			
Work Performed			
Reason For Leaving			

<p>List professional, trade, business or civic activities and offices held. <i>You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.</i></p>

<p><u>ADDITIONAL INFORMATION/Other Qualifications</u> Summarize special job-related skills and qualifications acquired from employment or other experience.</p>

SPECIALIZED SKILLS (CHECK SKILLS/EQUIPMENT OPERATED)			
<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	Production/Mobile Machinery List	Other
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	_____	_____
_____ WPM		_____	_____



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FIRE DEPARTMENT APPLICATION FOR EMPLOYMENT



State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: Do not answer this question unless you have been informed about the requirements of the job for which you are applying.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. YES NO

REFERENCES

NAME	PHONE NUMBER	ADDRESS

Applicant's Statement

I certify that answers given herein are true and complete.
I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any application wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date



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FIRE DEPARTMENT APPLICATION FOR EMPLOYMENT



P.O. BOX 38 - ROANOKE RAPIDS, NC 27870 (252) 533-2845 FAX (252) 533-2809

PRE-EMPLOYMENT INFORMATION FORM

Please answer the following questions to help us comply with Federal/State equal employment opportunity record keeping, reporting, and other legal requirements.

This information will not be used in considering you for employment and Pre-Employment Information Form will be kept in a confidential file from your Application for Employment.

1. Name: _____
First
Middle
Last

2. Address: _____

3. Birth Date: _____ 4. Social Security Number: _____

5. Drivers License Number _____ Class _____ Phone Number _____

6. Race/Ethnic Group: _____ White _____ Black _____ Hispanic
 _____ American Indian _____ Other

7. Sex: _____ Male _____ Female

8. Are you related to anyone that is now employed by the City of Roanoke Rapids?
 _____ NO _____ YES

If yes, please list their name _____

Relationship to you _____

It is the policy of the City of Roanoke Rapids that all applicants selected for employment must satisfactorily pass a medical examination which includes a drug screening test. Those applicants with a confirmed positive test for drugs/alcohol will not be hired.



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INITIAL NOTICE TO APPLICANTS AND EMPLOYEES

North Carolina laws give you the rights and responsibilities regarding an employment-related test for controlled substances (a drug test). The law covering this test is called the Controlled Substance Examination Regulation Act (CSERA), NCGS 95-230—235.

- Do I have to take a drug test?
 - No. However, the employer can make taking the test a condition of your employment. If you refuse to take the test, you may not get the job or you may be disciplined or fired.

- What can the employer test?
 - Your blood or urine.

- What can the employer test for?
 - Any controlled substance listed in NCGS 90-87(5) or a metabolite thereof. Most employees will test for five to ten controlled substances.

- What is required for the sample collection?
 - The collector must follow the collection procedures established by the approved lab.
 - You must follow the collector's instructions during the collection and paperwork processing.
 - You must complete the paper work-sign the strip after it is placed over the sealed bottle.

- Who will perform the test?
 - An approved lab must perform the initial screen. If that initial screen has a positive result, the approved lab must run a confirmation test using GC/MS.

- How will I learn of the results?
 - You may not hear anything. The employer must tell you if the test result is positive. The notice of a confirmed positive result must be in writing and given to you within 30 days of when the employer learned of the positive result. This notice must also tell you what your rights and responsibilities are regarding having the confirmed positive result retested. The approved laboratory that performed the test is required to keep the sample for at least 90 days from the time the result is sent to the employer.

- Are the circumstances of the test and the test results confidential?
 - Yes. With limited exceptions, the examiner, collector, and approved lab must keep confidential all information relating to your drug test.
 - However, if you want to protect this confidentiality, be careful not to discuss the examination process and results yourself.

- Who pays for the drug test?
 - The employer pays for the drug test expenses, except for retest of confirmed positive result.



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MINIMUM REQUIREMENTS FOR FIREFIGHTER

1. Age: 18 minimum
2. U. S. Citizen
3. Education: High school diploma or GED
4. No conviction of a felony or serious demeanor
5. Able to perform the essential functions of the job: e.g. ability to withstand heights and wear air pack
6. Ability TO obtain North Carolina or Virginia Class B license within 90 days of employment.
7. Must submit a WorkKeys Silver Certificate (or higher) (*Contact Ellen Grant at Halifax Community College for more information (252) 536-6393*)
8. Must successfully pass physical strength and agility test
9. Must pass medical examination by M. D.
10. Must successfully pass drug test
11. Provide verification of high school diploma or GED
12. Provide copy of birth certificate
13. Have you ever served in the military? _____ No _____ Yes
If yes, provide copy of DD214
14. Have you ever attended college? _____ No _____ Yes
If yes, provide grade transcripts
15. List any fire related training _____

16. Provide a copy of your Credit Report from a credit bureau or can be obtained by calling Equifax at 1-800-944-1122
17. Telephone: Applicant, when employed, must have a private line telephone.



**CITY OF ROANOKE RAPIDS
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I, _____, do hereby understand and agree that upon being hired as a firefighter for the City of Roanoke Rapids that I must reside either in the City of Roanoke Rapids or within a forty-five (45) miles radius but no further than one hour drive time from my residence to the steps of the Fire Station. In no case shall I reside outside of the State of North Carolina. I must keep a telephone in working order in my residence at all times. I understand if I change my place of residence or telephone number I shall notify the shift officer and Department Administrative Support Assistant II immediately so I can be reached in case of an emergency. P O Box numbers are not acceptable. Place of residence is defined as having an apartment, street, or building addresses (numbers). Proof of residence must be supplied upon request. This must consist of address or driver's license, water or electrical bill receipts, past and present rent/mortgage receipts, etc.

Signed _____

North Carolina

_____ County

I, _____ a Notary Public for said County and State, do hereby certify that _____ personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal, this the _____ day of _____, 20_____.

SEAL

Notary Public

My commission expires on _____, 20_____.



CITY OF ROANOKE RAPIDS

FIRE DEPARTMENT APPLICATION FOR EMPLOYMENT



Copy of Credit Report from credit bureau or can be obtained by calling Equifax at 800-944-1122

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize a representative of the _____ bearing this release, or a copy thereof, within sixty days of its date, to obtain any information in your files pertaining to my employment, military, credit, or educational records, including but not limited to academic, achievement, attendance, athletic, personal history and disciplinary records. I hereby direct you to release such information upon request to the bearer, the City of Roanoke Rapids. This release is executed with the full knowledge and understanding that the information is for the official use of the City of Roanoke Rapids. I hereby release you, as custodian of such records, and any school, college, university, or other educational institution, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of your compliance with the authorization and request to release information, or any attempt to comply with it. I am furnishing my Social Security Account Number and Date of Birth on a voluntary basis with the understanding that such is not required by Federal or state statute or regulation. I have been advised that the City of Roanoke Rapids will utilize these numbers only to facilitate the location of criminal, employment, military, credit and educational record concerning me in connection with this application. Should there be any questions as to the validity of this release, you may contact me as indicated below.

Full Name

(Signature): _____

Printed or Typed Full

Name: _____

Social Security Number: _____ **Date of Birth:** _____

Driver License Number and State of Issue: _____

College or University Attended: _____

Dates Attended: _____

Current Address: _____

Telephone Number: _____ **Date of Release:** _____

Date of Release: _____

SWORN TO AND SUBSCRIBED TO BEFORE ME,

THIS THE _____ DAY OF _____, 20____.

Notary Public

My Commission Expires