

# City of Helena, AL Fire Department

## Employment Application

*Name in Full (Last, First, Middle)*

\_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Sex M/F SSN \_\_\_\_-\_\_\_\_-\_\_\_\_

Home Address

\_\_\_\_\_

*Contact Information:*

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Drivers License Number \_\_\_\_\_ State \_\_\_\_\_

*Education:*

High School Attended \_\_\_\_\_

Address \_\_\_\_\_

Years Attended \_\_\_\_\_ to \_\_\_\_\_

GED Obtained/Year \_\_\_\_\_

College or University

Name/Location (includes EMT/Paramedic School)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Degrees Awarded

\_\_\_\_\_

\_\_\_\_\_

*Professional Certifications:*

Firefighter I/II Certification Number \_\_\_\_\_

ADPH OEMS License Number/Level \_\_\_\_\_/\_\_\_\_\_

*Employment History (Starting with Current Employer)*

Name and Address

Telephone Number

\_\_\_\_\_

\_\_\_\_\_

Position Held

Dates of Employment

Supervisor

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving

\_\_\_\_\_

Name and Address

Telephone Number

\_\_\_\_\_

\_\_\_\_\_

Position Held

Dates of Employment

Supervisor

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving

\_\_\_\_\_

Name and Address

Telephone Number

\_\_\_\_\_

\_\_\_\_\_

Position Held

Dates of Employment

Supervisor

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Reason for Leaving

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Description of Job Duties

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Have you ever been dismissed or asked to resign from any employment or position you have held: Yes\_\_\_\_\_ No\_\_\_\_\_ If you answer "Yes", set forth your explanations on an attached sheet indicating the name of the company, your dates of employment and the reason(s) for your dismissal/resignation

Have you ever been charged with felony or Misdemeanor crime? (Does not include Traffic Tickets) Yes\_\_\_ No \_\_\_

If yes, Include Dates, Location, charge(s), and agency/agencies involved.

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*Military Service:*

Have you served or are you currently serving in any branch of the US Armed Forces?

Yes\_\_\_\_\_ No\_\_\_\_\_

If discharged, list branch, years of service and discharge status

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If currently serving, what branch, unit and schedule for deployments/drills

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*Applicant Signature:* \_\_\_\_\_

*Date:* \_\_\_\_/\_\_\_\_/\_\_\_\_

## References:

*Please list 3 people who we may contact. This cannot be a relative and you must have known this person for a minimum of 5 years.*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Years Acquainted: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Years Acquainted: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Years Acquainted: \_\_\_\_\_ Occupation: \_\_\_\_\_

# City of Helena, a Municipal Corporation

## Pre-Employment Substance Testing Consent and Release Form

I do hereby certify that I have been given notice of the City of Helena's pre-employment substance testing policy, that I have been provided with access to a copy of the City of Helena's Alabama Drug-Free Workplace Policy Statement: and that I have read or waived my right to read it. I hereby freely and voluntarily consent to submit to urinalysis and/or other screening or tests as shall be determined by the City of Helena in the selection process of final applicants for employment, for the purpose of determining the presence of, and content of, any or all of the following substances:

1. Amphetamines
2. Methadone
3. Cocaine
4. Phencyclidine (PCP)
5. Benzodiazepines
6. Cannabinoids
7. Methaqualone
8. Barbiturates
9. Propoxyphene
10. Opiates

I agree that the employer representative, collection site, physician, or clinic or may collect these specimens for screening or testing and may screen them or forward them to a testing laboratory designed by the City of Helena for analysis. I further agree to and hereby authorize the release of the results of said tests to the City of Helena and to the City of Helena's Medical Review Officer and its agents as provided in the Policy statement. I further agree to release and hold harmless the City of Helena and its agents individually and collectively, including each person or business entity involved in the sample request, collecting, screening, testing, evaluation, and reporting: and for any decisions, adverse or otherwise, made concerning my application for employment based on the screening or test results.

I understand that a negative screen or test is a pre-condition of employment with the City of Helena and that the refusal to submit to screening or testing, or a positive screen or test result will result in the rejection of my application, or the rescinding of a conditional offer of employment, as described in the City of Helena's Alabama Drug-Free Workplace Policy Statement. I also understand that it is not the purpose of this screen or test to identify any disability I may have and that pre-employment screening activities are conducted in compliance with ADA requirements. I further agree that a reproduced copy of this pre-employment consent and release form shall have one same force and effect as the original. I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

Applicant Printed Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Witness Printed Name: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

