

FLOWOOD FIRE DEPARTMENT

FIREFIGHTER APPLICATION

Date application is received

Applicant Read This First

The Flowood Fire Department Employment Application is one of the single most important documents you may ever complete. It is in your best interest to fill out all questions with the utmost degree of accuracy and honesty.

Before completing this document, closely read the instructions which are written throughout. There are a number of documents which you are required to obtain before you can adequately complete this application.

When identifying persons, be sure to fully identify the individual by his/her correct name. Further, do not assume that the fire department will attempt to determine street numbers, correct spelling, apartment numbers, telephone numbers or zip codes. If your application is not complete when you submit it to the department, your application will not be processed. There are no exceptions to this for any applicant.

If you need to use the continuation pages in this book, clearly mark what section you are continuing. If more space is needed, then use white blue-lined paper and clearly indicate what sections you are continuing.

Again answer each question as completely and as honestly as possible. Any omission or concealment will be considered as deception. While indiscretions or other situations in your life may not be condoned, deception at any level will not be tolerated.

This application will be held on file for six (6) months at which time it will be purged from the system and the application will have to be filled out again. If the application is mailed, then the post mark will be used to determine the date.

PERSONAL HISTORY
PART I

1. LAST NAME		FIRST NAME		MIDDLE INIT.		APPLICATION DATE	
2. ALIAS, MAIDEN NAME, NICKNAME (SPECIFY WHICH)						SOCIAL SECURITY NUMBER	
<i>SEE SEPARATE INFORMATION SHEET CONCERNING DISCLOSURE OF SSN UNDER LAW</i>							
3. DATE OF BIRTH		PLACE OF BIRTH		COUNTRY		STATE/FOREIGN COUNTRY	
HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR	SCARS, TATTOOS/OTHER IDENTIFYING MARKS			
4. CITIZENSHIP <input type="checkbox"/> U.S. <input type="checkbox"/> ALIEN				ALIEN REGISTRATION NUMBER: IF APPLICABLE <input type="checkbox"/> BY BIRTH <input type="checkbox"/> NATURALIZATION			
5. DATE PLACE AND COURT				CERTIFICATE NUMBER		PETITION NUMBER	
NATIVE COUNTRY		DATE PLACE AND PORT OF ENTRY INTO THE U.S.				SPONSOR	
6. PRESENT ADDRESS/STREET NUMBER				APT #	CITY	STATE	ZIP CODE
HOME TELEPHONE NUMBER (INCLUDE AREA CODE)				HOURS YOU CAN BE REACHED			
CELLULAR TELEPHONE NUMBER (INCLUDE AREA CODE)				HOURS YOU CAN BE REACHED			
WORK TELEPHONE NUMBER (INCLUDE AREA CODE)				HOURS YOU CAN BE REACHED			
7. PRESENT MARITAL STATUS: <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED							
FULL NAME OF SPOUSE				ADDRESS		TELEPHONE NUMBER	
8. DO YOU HAVE ANY OBJECTIONS TO US CONTACTING YOUR SPOUSE OR FORMER SPOUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO							
9. PRESENT EMPLOYER				ADDRESS		TELEPHONE NUMBER	
EMPLOYMENT DATES FOR PRESENT EMPLOYER				FROM:		TO:	
DO YOU HAVE ANY OBJECTION TO US CONTACTING YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO							
10. LAST EMPLOYER				ADDRESS		TELEPHONE NUMBER	
EMPLOYMENT DATES FOR LAST EMPLOYER				FROM:		TO:	
DO YOU HAVE ANY OBJECTION TO OUR CONTACTING YOUR LAST EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO							

**PERSONAL HISTORY
PART II**

11. REFERENCES. PLEASE PROVIDE THE REQUESTED INFORMATION ON FOUR (4) REFERENCES NOT RELATED BY BLOOD, MARRIAGE OR FORMER EMPLOYERS BUT THOSE WHO ARE RESPONSIBLE ADULTS OF REPUTABLE STANDING IN THEIR COMMUNITY AND WHO HAVE KNOWN YOU FOR AT LEAST FIVE (5) YEARS. THESE MAY INCLUDE BUT ARE NOT LIMITED TO TEACHERS, CLERGY, COACHES, AND BUSINESS PEOPLE.

a. NAME		ADDRESS	TELEPHONE NO.
YRS KNOWN	OCCUPATION	PLACE OF EMPLOYMENT	BUSINESS PHONE NO.
b. NAME		ADDRESS	TELEPHONE NO.
YRS KNOWN	OCCUPATION	PLACE OF EMPLOYMENT	BUSINESS PHONE NO.
c. NAME		ADDRESS	TELEPHONE NO.
YRS KNOWN	OCCUPATION	PLACE OF EMPLOYMENT	BUSINESS PHONE NO.
d. NAME		ADDRESS	TELEPHONE NO.
YRS KNOWN	OCCUPATION	PLACE OF EMPLOYMENT	BUSINESS PHONE NO.

PERSONAL HISTORY

EDUCATION

PART III

12. PROVIDE THE INFORMATION REQUESTED BELOW ON ALL SCHOOLS YOU HAVE ATTENDED SINCE THE NINTH (9TH) GRADE BEGINNING WITH THE MOST RECENT. BE SURE TO INCLUDE COLLEGES, UNIVERSITIES, BUSINESS OR TRADE SCHOOLS AND, IF RELEVANT, ANY SCHOOLS THAT PERTAIN TO THE POSITION YOU ARE APPLYING FOR.

NAME OF SCHOOL	ADDRESS OF SCHOOL	CITY/STATE/ZIP
DATES ATTENDED FROM: TO:	HIGHEST GRADE COMPLETED (please circle) 9 10 11 12; College 1 2 3 4	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO

NAME OF SCHOOL	ADDRESS OF SCHOOL	CITY/STATE/ZIP
DATES ATTENDED FROM: TO:	HIGHEST GRADE COMPLETED (please circle) 9 10 11 12; College 1 2 3 4	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO

NAME OF SCHOOL	ADDRESS OF SCHOOL	CITY/STATE/ZIP
DATES ATTENDED FROM: TO:	HIGHEST GRADE COMPLETED (please circle) 9 10 11 12; College 1 2 3 4	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO

NAME OF SCHOOL	ADDRESS OF SCHOOL	CITY/STATE/ZIP
DATES ATTENDED FROM: TO:	HIGHEST GRADE COMPLETED (please circle) 9 10 11 12; College 1 2 3 4	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO

NAME OF SCHOOL	ADDRESS OF SCHOOL	CITY/STATE/ZIP
DATES ATTENDED FROM: TO:	HIGHEST GRADE COMPLETED (please circle) 9 10 11 12; College 1 2 3 4	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO

**PERSONAL HISTORY
MILITARY HISTORY
PART IV**

22. BRANCH OF SERVICE	PRIMARY MOS/AFSC	DATES OF ACTIVE DUTY ENTERED / RELEASED	SERVICE NUMBER DURING THIS PERIOD
RESERVE SERVICE IF NONE, CHECK <input type="checkbox"/>			
BRANCH OF RESERVE/GUARD SERVICE		DATE OF MEMBERSHIP BEGIN / END	
23. TYPE OF DISCHARGE (I.E. CHARACTER OF SERVICE)		RANK AT TIME OF DISCHARGE FOLLOWING MOST RECENT PERIOD OF SERVICE:	
24. HIGHEST RANK ATTAINED	25. WERE YOU RECOMMENDED FOR RE-ENLISTMENT AFTER EACH PERIOD OF SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, EXPLAIN ON CONTINUATION SHEET		
26. HAVE YOU EVER RECEIVED A DISCHARGE FROM THE ARMED FORCES WHICH WAS OTHER THAN HONORABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN ON CONTINUATION SHEET			
27. IF YOU ANSWERED YES TO QUESTION 26, WHAT TYPE OF DISCHARGE DID YOU RECEIVE?			
28. WERE YOU EVER THE SUBJECT OF ANY CRIMINAL INVESTIGATION WHICH WAS BEING CONDUCTED BY MILITARY AUTHORITIES CONCERNING ANY ALLEGED MISCONDUCT ON YOUR PART? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN ON CONTINUATION SHEET			
29. HAS YOUR TYPE OF DISCHARGE OR SEPARATION EVER BEEN CORRECTED OR CHANGED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN ON CONTINUATION SHEET			
30. LIST ALL OF YOUR DUTY STATION ASSIGNMENTS IN CHRONOLOGICAL ORDER			
31. PRESENT SELECTIVE SERVICE CLASSIFICATION			DATE OF CLASSIFICATION
32. LIST YOUR SELECTIVE SERVICE NUMBER		33. LOCAL BOARD NUMBER	
34. HAVE YOU EVER BEEN DENIED ENTRANCE TO ANY OF THE ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN ON CONTINUATION SHEET			

**PERSONAL HISTORY
MISCELLANEOUS
PART V**

IF YOU ANSWER YES TO ANY OF THE FOLLOWING QUESTIONS, PLEASE EXPLAIN ON A CONTINUATION PAGE

35. DO YOU BELONG TO ANY ORGANIZATION AND/OR ADHERE TO ANY BELIEF WHICH WOULD IN ANYWAY:

A. RESTRICT OR PROHIBIT YOU FROM WORKING ON PARTICULAR DAYS OR HOURS? YES NO

B. RESTRICT YOU FROM CONFORMING TO DEPARTMENTAL STANDARDS OF APPEARANCE
AND/OR GROOMING STANDARDS WHICH MAY FROM TIME TO TIME BE SET? YES NO

**36. DO YOU KNOW OR HAVE YOU EVER TAKEN ANY MEDICATION THAT WAS NOT SPECIFICALLY PRESCRIBED FOR YOU
WITH THE EXCEPTION OF OVER THE COUNTER DRUGS?** YES NO

37. DO YOU NOW OR HAVE YOU EVER IN THE PAST USED, TRIED OR EXPERIMENTED WITH:

A. MARIJUANA YES NO

B. NARCOTICS OF ANY KIND YES NO

C. DANGEROUS DRUGS OF ANY KIND YES NO

**38. HAVE YOU EVER APPLIED FOR A POSITION WITH ANY FEDERAL, STATE OR LOCAL
FIRE DEPARTMENT?** YES NO

**39. HAVE YOU EVER BEEN DENIED EMPLOYMENT BY ANY FEDERAL, STATE OR LOCAL
FIRE DEPARTMENT? IF YES, PLEASE EXPLAIN ON CONTINUATION SHEET.** YES NO

Questionnaire

Please answer all the questions to the best of your ability keeping in mind that honesty is the best and only policy
Please type/print your answers. If the answer does not apply, then write DNA.

1. HAVE YOU EVER USED OR BEEN KNOWN BY A DIFFERENT NAME? IF YES, PLEASE EXPLAIN IN DETAIL.
2. WHAT IS YOUR CURRENT ADDRESS?
3. HAVE YOU EVER USED A DATE OR PLACE OF BIRTH DIFFERENT FROM WHAT IS LISTED ON YOUR BIRTH CERTIFICATE? IF YES, PLEASE EXPLAIN IN DETAIL.
4. HAVE YOU EVER INTENTIONALLY ALTERED YOUR NAME, ADDRESS, OR DATE OF BIRTH ON ANY OFFICIAL DOCUMENT, CERTIFICATE OR LICENSE? IF YES, PLEASE EXPLAIN IN DETAIL.
5. HAVE YOU EVER LIED ABOUT YOUR NAME, AGE, OR ADDRESS? IF YES, PLEASE EXPLAIN IN DETAIL.
6. HAVE YOU EVER USED A DIFFERENT SOCIAL SECURITY NUMBER? IF YES, PLEASE EXPLAIN IN DETAIL.
7. HAVE YOU EVER BEEN ASKED TO RESIGN FROM A JOB OR POSITION? IF YES, PLEASE EXPLAIN IN DETAIL.
8. HAVE YOU EVER RESIGNED WHILE UNDER INVESTIGATION OR RESIGNED IN LIEU OF BEING TERMINATED FOR ANY REASON? IF YES, PLEASE EXPLAIN IN DETAIL.

Questionnaire

9. HAVE YOU EVER BEEN FIRED FROM ANY JOB? IF YES, PLEASE EXPLAIN IN DETAIL.

10. HAVE YOU EVER QUIT A JOB WITHOUT PROPER NOTICE? IF YES, PLEASE EXPLAIN IN DETAIL.

11. WHY DID YOU LEAVE YOUR LAST JOB?

12. HAVE YOU EVER BEEN DISCIPLINED, REPRIMANDED, OR COUNSELED AT ANY JOB FOR ANY REASON?
IF YES, PLEASE EXPLAIN IN DETAIL.

13. DO YOU HAVE ANY RACIAL, ETHNIC, RELIGIOUS, SEXUAL OR OTHER PREJUDICES THAT MAY EFFECT YOUR
PERFORMANCE? IF YES, PLEASE EXPLAIN IN DETAIL.

14. HAVE YOU EVER BEEN WARNED, COUNSELED OR OTHERWISE SPOKEN TO BY AN EMPLOYER ABOUT COMMENTS YOU
MADE REGARDING SOMEONE'S RACE, GENDER, RELIGION, NATIONALITY OR SEXUAL PREFERENCE?
IF YES, PLEASE EXPLAIN IN DETAIL.

15. HAVE YOU EVER USED DRUGS OR DRUNK ALCOHOLIC BEVERAGES WHILE ON THE JOB ANYWHERE?
IF YES, PLEASE EXPLAIN IN DETAIL.

16. HAVE YOU EVER STOLEN ANY MONEY FROM ANY EMPLOYER? IF YES, PLEASE EXPLAIN IN DETAIL.

Questionnaire

17. HAVE YOU EVER SEXUALLY HARASSED ANOTHER EMPLOYEE? PLEASE EXPLAIN IN DETAIL.

18. HAVE YOU EVER USED YOUR EMPLOYMENT FOR PERSONAL GAIN IN ANY WAY? PLEASE EXPLAIN IN DETAIL.

19. TO WHAT OTHER FIRE DEPARTMENTS HAVE YOU APPLIED. IDENTIFY THE AGENCY, DATE OF APPLICATION, AND DISPOSITION OF THE APPLICATION.

AGENCY	DATE	DISPOSITION

20. ARE YOU NOW OR HAVE YOU EVER BEEN EMPLOYED AS A FIREFIGHTER, POLICE OFFICER, DEPUTY SHERIFF, OR CORRECTIONAL OFFICER? IF YES, PLEASE EXPLAIN IN DETAIL.

21. HAVE YOU EVER BEEN SUSPENDED FROM ANY SCHOOL, EMPLOYMENT OR OTHER ORGANIZATION FOR ANY REASON? IF YES, PLEASE EXPLAIN IN DETAIL.

22. HAVE YOU EVER RECEIVED A "LESS THAN SATISFACTORY" EVALUATION FROM ANY JOB FOR ANY REASON? IF YES, PLEASE EXPLAIN IN DETAIL.

23. HAVE YOU EVER BEEN INTERVIEWED BY AN EMPLOYER'S INTERNAL AFFAIRS, QUALITY CONTROL, LOSS PREVENTION, OR OTHER DISCIPLINARY INVESTIGATION UNIT? IF YES, PLEASE EXPLAIN IN DETAIL.

Questionnaire

24. HAVE YOU EVER TAKEN A POLYGRAPH EXAMINATION? IF YES, PLEASE EXPLAIN IN DETAIL.

25. HAVE YOU EVER BEEN DENIED ENTRANCE TO THE ARMED FORCES?

26. HAS YOUR DRIVERS LICENSE EVER BEEN SUSPENDED? IF YES, PLEASE EXPLAIN IN DETAIL.

27. HAVE YOU EVER BEEN ARRESTED FOR ANY DRUG VIOLATION? IF YES, PLEASE EXPLAIN IN DETAIL.

28. HOW LONG DO YOU EXPECT TO BE EMPLOYED BY THE CITY OF FLOWOOD FIRE DEPARTMENT?

I understand and agree that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the Employer's service, if I become employed. Furthermore, I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

By completing this application and signing below, I give the Employer the right to investigate all references and to secure additional job related information about me in accordance with applicable law, including a credit report. I hereby release from liability the Employer and its representatives for seeking such information.

The Employer is an Equal Opportunity Employer. No question on this application is used for the purpose of denying applicants consideration of employment on any basis prohibited by local, state or federal law.

Signature of Applicant