

APPLICATION FOR EMPLOYMENT

Date: _____

MAIL TO:

CITY OF BRANDON FIRE DEPARTMENT
629 MARQUETTE ROAD
BRANDON, MS 39042
ATTN: PERSONNEL

Position Applied For:

- Firefighter
- Reserve Firefighter
- Part-time Firefighter

Notice: Application MUST be typewritten or clearly printed. All questions MUST be answered. If a question is not applicable, so state. APPLICATIONS WHICH ARE NOT COMPLETE AND LEGIBLE WILL NOT BE CONSIDERED. IF SPACE PROVIDED IS NOT SUFFICIENT FOR COMPLETE ANSWERS OR YOU WISH TO FURNISH ADDITIONAL INFORMATION, ATTACH SHEETS OF THE SAME SIZE AS THIS APPLICATION, AND NUMBER ANSWERS TO CORRESPOND WITH QUESTIONS.

ALL applicants MUST attach items 1, 2, 3

1. A certified copy of your DD-214 (For Military Personnel only)
2. A copy of your Birth Certificate (photocopy ok)
3. A transcript of school record or a Mississippi GED Certificate (No Diploma)

I. PERSONAL HISTORY

1. Name in Full _____
Last Name First Name Middle Name

2. Social Security Number _____

(A) List all other names you have used including nicknames. If you have ever used any surname other than your true name, during what period and under what circumstances were these names used?

(B) Have you ever legally changed your name?

No Yes _____
Date Place Court

(C) Date of Birth _____
Place of Birth _____

(D) Driver License No./State _____
Has your privilege to operate a motor vehicle ever been suspended or revoked? No Yes
If yes, explain fully: _____

(F) Are you a citizen of Mississippi? Yes No
Are you a citizen of the United States? Yes No
If you have been naturalized: Date: _____

For how long? _____
For how long? _____
Certificate No.: _____

II. RESIDENCES

• Present Address: _____ / _____
Street and Number City County State Zip Code Telephone

• Mailing Address: _____ / _____
Street and Number City County State Zip Code Telephone

• List chronologically ALL of your residences for the past 5 years (include addresses while attending school if away from home)

Dates (from and to) Apt. No. Street Address City State

Dates (from and to)	Apt. No.	Street Address	City	State

III. EMPLOYMENT

List chronologically ALL EMPLOYMENTS, INCLUDING SUMMER AND PART-TIME

Current or Last Employer		Address:			Phone #
Job Title:		Supervisor's Name:		No. Supervised by You:	
Date Employed (mm/yyyy)	Starting Salary \$ per	Ending Salary: \$ per	Reason for Leaving:	May We Contact Employer YES NO	
Date Separated (mm/yyyy)	Duties:				
Full Time	Part Time				

Employer		Address:			Phone #
Job Title:		Supervisor's Name:		No. Supervised by You:	
Date Employed (mm/yyyy)	Starting Salary \$ per	Ending Salary: \$ per	Reason for Leaving:	May We Contact Employer YES NO	
Date Separated (mm/yyyy)	Duties:				
Full Time	Part Time				

Employer		Address			Phone #
Job Title:		Supervisor's Name:		No. Supervised by You:	
Date Employed (mm/yyyy)	Starting Salary \$ per	Ending Salary: \$ per	Reason for Leaving:	May We Contact Employer YES NO	
Date Separated (mm/yyyy)	Duties:				
Full Time	Part Time				

Employer		Address			Phone #
Job Title:		Supervisor's Name:		No. Supervised by You:	
Date Employed (mm/yyyy)	Starting Salary \$ per	Ending Salary: \$ per	Reason for Leaving:	May We Contact Employer YES NO	
Date Separated (mm/yyyy)	Duties:				
Full Time	Part Time				

Have you ever been dismissed or asked to resign from any employment or position you have held?

NO

YES _____

Employer's Name Date

Reason: _____

Are you now employed by an agency of the Federal or State Government? Yes No

Have you been employed by the Federal Government or State Government within the past 90 days?

No

Yes _____

Agency Location

IV. EDUCATION

EDUCATIONAL BACKGROUND: Circle highest school year completed:
 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24

Yes Date No

High School Diploma/ _____
 GED Certificate

Name of High School	Location	Dates From To	Course Pursued	Date Diploma Received

Name of College or University Attended	Credit Received Quarter Semester	Field of Study or Area of Concentration Major Hours Minor Hours	Dates Attended From To	Type Degree & Date Obtained (mm/yyyy)
Undergraduate				
Graduate				
Miscellaneous				

SKILLS AND EXPERIENCE (Check any which apply to you)

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Dictaphone | <input type="checkbox"/> Legal Transaction | <input type="checkbox"/> Typing WPM _____ | <input type="checkbox"/> Sign Language |
| <input type="checkbox"/> Shorthand, Speedwriting | <input type="checkbox"/> Medical Transcription | <input type="checkbox"/> Adding Machine/Calculator | <input type="checkbox"/> Fingerspelling |
| <input type="checkbox"/> Keypunch | <input type="checkbox"/> Computer Language | <input type="checkbox"/> Bookkeeping | <input type="checkbox"/> Other _____ |

List any special ABILITIES, INTEREST, and Hobbies with degree of proficiency : _____

V. REFERENCES

Give three references (not relatives) who are responsible adults of reputable standing in their communities, such as householders, property owners, business or professional men or women including your family physician, if you have one, who has known you well during the past five years, and three social acquaintances in your own age group.

REFERENCES:

- | | |
|---|--|
| (a) Complete name _____
Home address _____
City _____ State _____ | No. yrs Acq. _____ Occupation _____
Business _____
Home Ph. _____ Bus. Ph. _____ |
| (b) Complete name _____
Home address _____
City _____ State _____ | No. yrs Acq. _____ Occupation _____
Business _____
Home Ph. _____ Bus. Ph. _____ |
| (c) Complete name _____
Home address _____
City _____ State _____ | No. yrs Acq. _____ Occupation _____
Business _____
Home Ph. _____ Bus. Ph. _____ |

SOCIAL ACQUAINTANCES:

- | | |
|---|--|
| (a) Complete name _____
Home address _____
City _____ State _____ | No. yrs Acq. _____ Occupation _____
Business _____
Home Ph. _____ Bus. Ph. _____ |
| (b) Complete name _____
Home address _____
City _____ State _____ | No. yrs Acq. _____ Occupation _____
Business _____
Home Ph. _____ Bus. Ph. _____ |
| (c) Complete name _____
Home address _____
City _____ State _____ | No. yrs Acq. _____ Occupation _____
Business _____
Home Ph. _____ Bus. Ph. _____ |

VI. MILITARY RECORD

Have you ever served on active duty in the Armed Forces of the United States? Yes No

Branch of Service: _____ Dates Service From _____ To _____

Military Occupation: _____ Rank: _____

Type of Discharge:

- Honorable
 Hardship
 Other (explain) _____

Type of release from active duty:

- Expiration of enlistment
 Retired
 Other _____

(a) Have you ever been Reserve Status: None Active Inactive Discharge Date: _____

(b) Are you a member of the National Guard or other Reserve Unit? Yes No
 Branch: Army Navy Air Force Marine Corps Coast Guard

VII. COURT RECORD

(a) Have you ever been arrested or charged with any violation including traffic tickets but not parking tickets? Yes No

Date	Place	Charge	Final Disposition	Detail

(c) Have you ever been a party to any civil, quasi-criminal or chancery action in County, Circuit, or Chancery Court? Yes No
 (Give date, place, court, names of parties involved, nature of action, and final disposition)

Date	Court	Parties Involved	Nature of Action	Final Disposition

VIII. RELATIVES

ALL APPLICANTS MUST GIVE COMPLETE INFORMATION CONCERNING THEIR RELATIVES.

Complete Name (No Initials)	Complete Address	Occupation, Name and Address of Firm Where Employed
A. FATHER Name _____ Address _____ City, State _____		
B. MOTHER Name _____ Address _____ City, State _____		
C. WIFE OR HUSBAND Name _____ Address _____ City, State _____		

THE CITY OF BRANDON FIRE DEPARTMENT

**ALL RECORDS SUBMITTED BEOCME
THE PROPERTY OF THE CITY OF
BRANDON.**

I understand that all appointments are probationary for a period of one year, during which time the employee must demonstrate his fitness for continued employment by the City of Brandon. I also understand that any appointment tendered me will be contingent upon the results of a complete character and fitness investigation and I am aware that willfully withholding information or making false statements on this application will be the basis for dismissal from the City of Brandon Fire Department and I agree to these conditions.

(Signature of the applicant as usually written)

X. APPLICANT'S AFFIDAVIT

STATE OF MISSISSIPPI

COUNTY OF _____

Personally came and appeared before me, the undersigned authority in and for said county and state, the within named _____ who, being by me first duly sworn, states upon his/her oath that the matters and things set forth in the above and foregoing application for employment are true and corrected as therein stated.

SIGNATURE OF APPLICANT

Sworn to and subscribed before me this _____ day of _____

My Commission Expires:

NOTARY PUBLIC

XI. AUTHORITY TO RELEASE INFORMATION FORM

Please read the following release form carefully and enter your signature, address, and the date in the designated places.

THIS FORM MUST BE NOTARIZED

DATE: _____

TO WHOM IT MAY CONCERN:

Having made application to the City of Brandon Fire Department, and desiring them to be informed of my past record and character, whether it be financial, academic, military, medical, employment, judicial, or personal reference, I, the undersigned, being under no disability whatsoever, hereby authorize the release of all such information, privileged or otherwise, to the City of Brandon Fire Department and its representatives, and release all contributing parties of such information from any charges or liability whatsoever because of furnishing said information.

SIGNATURE: _____

ADDRESS: _____

.....

STATE OF MISSISSIPPI:

COUNTY OF _____

Personally came and appeared before me, the undersigned authority in and for said county and state, the within named _____ who, being by me first duly sworn, states upon his/her oath that the matters and things set forth in the above and foregoing application for employment are true and corrected as therein stated.

Given under my hand and seal of office, this _____ day of _____, 20____.

NOTARY PUBLIC

My Commission Expires:

**City of Brandon
Notification Form
Regarding Consumer Report**

For employment purpose, we may obtain a consumer report and/or an investigative consumer report about you.

The investigative consumer report, also known as a reference check, may include information as to your character, general reputation, personal characteristics and mode of living. This information may be obtained by contacting your previous employers and/or references supplied by you or others. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested. Such disclosure will be made to you within five days of the date on which we receive the request from you or written five days of the time the report was first requested, whichever is later.

The Fair Credit Reporting Act gives you specific rights. If we rely on the report for an adverse action, before taking the adverse action, we will give you a pre-adverse action disclosure that includes a copy of the report and a copy of the document entitled "A Summary of Your Rights Under the Fair Credit Reporting Act."

By your signature below, you hereby authorize us to obtain a consumer report and/or an investigative consumer report about you for employment purposes and authorize all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county, and federal courts and agencies military services and persons to release all information they may have about you. This authorization shall be valid in original or copy form.

Applicant's Name _____
(print)

Social Security Number _____

Current Street Address _____

City, State, Zip _____

Telephone Number _____

STATE OF MISSISSIPPI, COUNTY OF _____

Personally came and appeared before me, the undersigned authority in and for said county and state, the within named _____ who, being by me first duly sworn, states upon his/her oath that the matters and things set forth in the above and foregoing application for employment are true and corrected as therein stated.

Applicant's Signature

Sworn to and subscribed before me this _____ day of _____ 20_____

Notary Public

My Commission Expires: _____

EQUAL OPPORTUNITY EMPLOYER

DRUG TESTING OF APPLICANTS FOR EMPLOYMENT

As a condition of employment, applicants for jobs with the City of Brandon, including those seeking to be accepted into the City's law enforcement reserve program and volunteer firefighter program, shall be required to submit to an initial test and a confirmation test for the presence of alcohol or drugs or their metabolites. Prior to the collection of a specimen from such an applicant, the applicant will be required to read and sign the following statement, which will be provided on a separate sheet of paper:

Acknowledgement, Consent, and Receipt Regarding the Drug and Alcohol Plan for City of Brandon Applicants

I acknowledge by my signature that I have received, reviewed and fully understand the Drug and Alcohol Plan of the City of Brandon. I agree and consent to submit to specimen collection and drug and alcohol testing according to the terms of the plan. I understand that my refusal to sign this statement or my refusal to submit to required specimen collection and drug and alcohol testing in accordance with the plan or a positive result on a confirmation test for the presence of alcohol or drugs or their metabolites shall be a basis for rejecting my application for employment, the withdrawal of any conditional offer of employment and refusal to hire by the City of Brandon.

An applicant's refusal to submit to a test or a positive result of a confirmation test shall result in rejection of the employment application, the withdrawal of any conditional offer of employment and refusal to hire.