



P.O. Box 129

Office of the
Austin Fire Department



Austin, AR 72007

Chris Nelson
Fire Chief

Bernadette Chamberlain
Mayor, City of Austin

Application for Employment

Austin Fire Department Administration Office
10 Moats Lane
Austin, AR 72007

Equal Opportunity Employer

Please read this application carefully and complete each item.

- 1.) You will need to include you're the items listed in Section VII with your application. (DD-214 is your military discharge papers—if applicable.)
- 2.) A copy of your drivers license may be made at the Austin City Hall.
- 3.) The Affidavit / Disclaimer in Section VII, must be read, signed and dated.
- 4.) The Authorization to Release Information must be signed in the presence of a Notary Public. You can find one at the Austin City Hall.

Please return applications to the address listed above, or mail to P.O. Box 129 Austin, AR 72007.

Austin Fire Department
Administrative Office

P.O. Box 129

Austin, AR 72007

Application for Employment

Position Applied for: <i>(Fire Fighter, EMS, etc.)</i>	Today's Date

Section I: Personal Information

Last Name	First Name	Middle	Maiden
Address: _____			
Street/Route/Box Number	City	State	ZIP
Telephone: _____		Date of Birth: _____	
Social Security #: _____		Driver's License #: _____ ST: _____	
List and other names used (i.e., nicknames, last names, etc.): _____			
Name of Spouse: _____		Spouse Work Phone: _____	

Dependents

Name of Dependent	DOB	Relationship
1		
2		
3		
4		

Section II: Military History

List the following information concerning military duty, if applicable.

Branch of Service	Serial Number	Enlistment	Discharge	Discharge Type

Rank when discharged: _____ Are you a member of a Reserve Unit? _____

Give unit and length of time remaining: _____

Section III: Residence History

List residences for the past 10 years, beginning with your present address: *Attach additional sheet, if necessary.*

Dates: From/To	Street Address	City/State/ZIP	Landlord's name
1			
2			
3			
4			
5			

Section IV: Employment History

List all jobs held in the last 10 years. List your present or most recent first. *Attach additional sheets, if necessary*

Company	Position	Date Employed	Date Separated	Salary
Street Address	City/State/ZIP			Telephone
Name & Title of Supervisor: _____ # of Employees you supervised: _____				
Duties:				
Reason for leaving:				

Company	Position	Date Employed	Date Separated	Salary
Street Address	City/State/ZIP			Telephone
Name & Title of Supervisor: _____ # of Employees you supervised: _____				
Duties:				
Reason for leaving:				

Company	Position	Date Employed	Date Separated	Salary
Street Address	City/State/ZIP			Telephone
Name & Title of Supervisor: _____ # of Employees you supervised: _____				
Duties:				
Reason for leaving:				

Company	Position	Date Employed	Date Separated	Salary
Street Address	City/State/ZIP			Telephone
Name & Title of Supervisor: _____ # of Employees you supervised: _____				
Duties:				
Reason for leaving:				

May we contact your present employer? _____ If no, please explain why.

Section V: Educational History

List all schools attended. List any additional vocational or technical training you feel qualifies you for the position applied for. *Use additional sheets. If necessary*

High School	City/State	From	To	Diploma
1				
2				

* or Equivalent.

College and/or Trade Schools	City/State	From	To	Diploma
1				
2				

Other: Specialized/Technical	City/State	From	To	Diploma
1				
2				

Section VI: References

Personal References

List the names of 3 persons having knowledge of your character, experience, & ability. *Do not give relatives or employers.*

Full Name		Occupation	
Home Address	Home Phone	Business Address	Office Phone

Full Name		Occupation	
Home Address	Home Phone	Business Address	Office Phone

Full Name		Occupation	
Home Address	Home Phone	Business Address	Office Phone

Section VI: Questionnaire

1.) Have you ever been arrested or charged with any violation or crime, including traffic tickets?
If yes, explain:

2.) Was your driver's license ever revoked or suspended? _____ If yes, explain:

3.) Do you object to wearing a uniform? _____ If yes, explain:

4.) Do you object to working nights? _____ If yes, explain:

5.) Do you object to working shifts? _____ If yes, explain:

6.) Are you willing to take a polygraph examination? _____

7.) Are you willing to take a psychological evaluation? _____

I hereby certify that all statements by me in this application are true, complete, and correct. I understand false statements herein are sufficient grounds for rejection of this application, and I agree and understand that any mis-statements of material facts contained herein may cause forfeiture upon my part of all rights to any employment. If employed, I agree to abide by all of the provisions of the City of Austin policy and the Austin Fire Department and by my signature I consent to all of their provisions.

Signature of Applicant

Date

Required Application Attachments:

- 1.) Copy of Drivers License
- 2.) High School Diploma or GED
- 3.) DD-214
- 4.) Notarized Authority to Release Information

Section VIII: After Hire—Office Use Only

Commission Information		DOH
HGHT _____ WGHT _____ HR _____ ER _____ BT _____		

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Authorization to Release Information

I, _____, am an applicant for employment with the Austin Fire Department. In order to process my application, certain information must be made available to the City of Austin, Arkansas. This information is for my benefit. I hereby authorize, request, and direct educational institutions; my references; my employers (past and present); financial institutions of any kind; medical institutions and doctors; any other person, institution, or organization; and all governmental agencies and instrumentalities (local, state, federal, or foreign); wherever said individuals or organizations are situated, to release to the City of Austin or to any representative thereof, any document, information, record or file that he deems material to the processing of my application for employment. Said information can be furnished if the request therefore is made in person or in writing.

Further, I release all of said individuals and organizations from all liability to me that could arise in any manner, contract or otherwise, from the act of furnishing said information and records to the Fire Chief or his representative, and this serves as a waiver of any contract that I have with any of the said organizations or individuals, and serves as a waiver of any legal communication privileges that I could claim.

Further, I appoint the Fire Chief or his representative as my agent and attorney-in-fact for the sole purpose of collecting information for processing my application and direct that he be permitted to inspect all of said files and information, and be permitted to make copies thereof at his discretion. This request can be treated as if I were making the request in person. I fully understand that I could be fingerprinted and that my fingerprints will be submitted to the FBI (Federal Bureau of Investigations) and the ASP (Arkansas State Police) for the purpose of running a criminal history check.

Signature: _____ Date: _____

Notary only

AFFIDAVIT

I, _____, being first duly sworn, deposes and says as follows: I am the person who executed the above authorization. I understand it's meaning, intention, and effect, and that the statements therein made are true and correct.

Signature _____

Subscribed and sworn to before me this _____ day of _____,

Commission Expiration

Notary Public