



TOWN OF CHILHOWIE FIRE & EMS DEPARTMENT

APPLICATION FOR EMPLOYMENT

Form 601.07

The Town of Chilhowie Fire & EMS Department and applicants for employment shall be afforded equal opportunity in all aspects of membership without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender or age.

As a means of accommodation to persons with specific disabilities that prevent them from completing this application, confidential assistance in filling out this application may be obtained by contacting the Town of Chilhowie Fire & EMS Department Administrative Office at 223 East Lee Highway, Chilhowie, Virginia 24319 or by calling (276) 646-3131 and asking to speak with the Personnel Officer.

1. General Information

Last Name, First Name, Middle Initial:			Home Phone:
Physical Address:			Cell Phone:
City:	State:	Zip Code:	Business Phone:
Mailing Address:			E-Mail:
City:	State:	Zip Code:	Driver's License Number:

2. Secondary Education

Education (Circle Highest Grade Completed): 1 2 3 4 5 6 7 8 9 10 11 12	Year Completed:
If you did not complete high school, do you have a high school equivalency diploma? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, Date Completed: _____	

3. Post-Secondary Education

Circle the Number of Years of Post High School Education:				1	2	3	4	5	6	7
Name of Institution	Hours	Degree Received	Major/Specialty	Dates Attended						
1.										
2.										
3.										
4.										

4. Employment Information (Present or Most Recent)

Employer:			Job Title:
Address:			Supervisor:
City:	State:	Zip Code:	Hours of Work:

5. Employment Information (Previous)

Employer:			Job Title:
Address:			Supervisor:
City:	State:	Zip Code:	Hours of Work:
Reason for Leaving:			

6. Employment Information (Previous)

Employer:			Job Title:
Address:			Supervisor:
City:	State:	Zip Code:	Hours of Work:
Reason for Leaving:			

7. Volunteer Experience

Agency:			Years of Service:
Address:			Contact:
City:	State:	Zip Code:	Phone:
Reason For Leaving:			

8. Licenses (to include drivers), Certificates, or Trades

Type	License Number	Expiration Date	Granted By (Licensing Board)
1.			
2.			
3.			
4.			

9. References

List names, addresses, and relationships of three persons not related to you who know your qualifications.

Name	Address	Relationship	Phone
1.			
2.			
3.			

10. Immigration Reform Act

For purposes of compliance with the Immigration Reform Act, are you legally eligible for employment in the United States? YES NO.

Under the Immigration Reform and Control Act of 1986, you will be required to verify that you are eligible by providing documentation (i.e. Social Security Card, Birth Certificate, etc.) and also verification of identity.

11. Certification

I hereby certify that all entries and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part to any employment within the Town of Chilhowie Fire & EMS Department. I understand that all information on this application is subject to verification and I consent to criminal history and motor vehicle background checks. I also consent to the references listed being contacted regarding this application. I further authorize the Town of Chilhowie Fire & EMS Department to rely upon and use, as it sees fit, any information received from such contacts. Information contained on this application may be disseminated to other agencies, nongovernmental organizations or systems on a need-to-know basis for good cause shown as determined by the agency head or designee. I further understand that a physical agility test in accordance with duties and functions of firefighting and/or emergency medical services will be administered and must be satisfactorily completed prior to approval for employment with the Town of Chilhowie Fire & EMS Department.

I understand that, as a condition of an offer of employment, I will be required to sign an Employee Agreement. The contents of that agreement are attached as Appendix A of this application.

Applicant Signature: _____ **Date:** _____

Office Use Only	
Date Application Received: _____	Interview Date: _____
Physical Agility Test Date: _____	Medical Evaluation Date: _____
Agility: Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Medical: Pass <input type="checkbox"/> Fail <input type="checkbox"/>
Driving Record Reviewed: <input type="checkbox"/>	Criminal History Reviewed: <input type="checkbox"/>

Appendix A

Employment Agreement

CONDITIONS OF EMPLOYMENT:

1. I will, upon employment, comply with all Town of Chilhowie Administrative Rules and Regulations, as well as all Fire Department regulations, policies, duties and responsibilities. In addition, I will adhere to safety regulations, personal grooming regulations, attendance and all other requirements set forth in the Town of Chilhowie Personnel Policy, Town of Chilhowie Fire & EMS Department Standard Operations Manual and other official documents.

2. I understand that my background investigation is a continuous process throughout my tenure with the Department. If any information not previously disclosed is revealed which would have caused my rejection for employment, the Fire Department will immediately terminate my employment. Additionally, I am required to notify the Fire Chief of any changes in my background that have taken place before, during or after the signing of this agreement. Failure to provide notification of any changes may result in termination of employment.

3. I understand that the Fire Chief reserves the right during the probationary period to dismiss me at any time for cause. Should my employment with the Fire Department be terminated during said probationary period for failure to meet the terms of this Employment Agreement, or be disqualified based on information developed during the background investigation including medical examination, I will forfeit any right of appeal from this decision with the exception of allegation of prohibitive discrimination or other illegal actions.

4. I understand that I will be required to complete a National Fire Protection Association (NFPA) 1582 compliant medical evaluation and an Occupational Safety and Health Administration (OSHA) Respirator Medical Questionnaire with medical evaluation to be considered for employment. I also understand that I will be required to complete these medical evaluations annually during my tenure with the Department.

5. I understand that I may be subject to reasonable suspicion drug and alcohol testing in accordance with the Town of Chilhowie policies and procedures.

6. I agree that upon date of hire, I will cease and desist from using any smoking or smokeless tobacco products or any other substance to include but not limited to natural or artificial on or off duty. This condition will remain in effect during the tenure of my employment and upholds the validity of the Heart/Lung Law, Cancer Presumption Law, Code of Virginia §65.2-402.

7. I understand that I must possess and maintain a valid motor vehicle operator's permit with appropriate classification. I understand that the Department will conduct an annual driving record check from appropriate state government authorities and this check will be evaluated using the criteria in the Town of Chilhowie Fire & EMS Department Standard Operations Manual, Section 300.08.12.

8. I understand that I must possess and/or maintain my Emergency Medical Technician certification with the Commonwealth of Virginia at the level stipulated by Department policy.
9. Employees hired with Advanced Life Support (ALS) certifications shall agree to maintain ALS certifications and provide ALS care as directed by the Town of Chilhowie Fire & EMS Department. The Employee will maintain the Town of Chilhowie Fire & EMS Department as their primary affiliation with the Office of EMS for the duration of their employment.
10. The Employee agrees to maintain a level of physical fitness, which allows him/her to safely, effectively, and efficiently perform the tasks required of Town of Chilhowie Fire & EMS Department. Therefore, all employees will participate in a physical fitness program designed to serve their individual needs.
11. I understand and agree that my duty assignment is at the direction of the Fire Chief and this may include being assigned to a 24-hour shift schedule, a 40-hour per week, day-work, and/or **any assignment** as the needs of the Department may dictate.
12. I agree to carry out my duties impartially, to the best of my ability, and not discriminate against any person because of their race, color, sex, age, religion, national origin or sexual orientation.
13. I agree that all supplemental employment must be approved by the Fire Chief. I agree that my primary focus is the dedication to competency within the Town of Chilhowie Fire & EMS Department.
14. I agree to maintain certifications as required by all applicable job descriptions during the course of employment with the Town of Chilhowie Fire & EMS Department.