

Fitzgerald Fire Department



Application for Employment

Packet

**City of Fitzgerald ~ Fitzgerald Fire Department
Application for Employment**

CHECK LIST

- Attach a copy of your Resume to the back of the Application
- Include a copy of your High School diploma or G.E.D.
- Include a copy of your valid Drivers' License
- Include a copy of your Social Security Card
- If you have prior military service, please include a copy of your honorable discharge

____ (INITIAL) I have read and understand the Employment and Training Contract.

____ (INITIAL) I have read and understand that I will be required to complete a state mandated and city mandated agility test before being considered for a position as firefighter.

____ (INITIAL) I have read and understand the Agility Test Release of Claims and Waiver of Liability

*Please make sure you have included all the items listed and completed the application in its entirety.
If all documents are not included, your application may be rejected.*

ATTACHED IN THIS PACKET IS A COPY OF THE EMPLOYMENT AND TRAINING CONTRACT THAT MUST BE EXECUTED AND AGREED UPON IF HIRED FOR THE POSITION OF FIREFIGHTER WITH THE FITZGERALD FIRE DEPARTMENT. PLEASE DO NOT SIGN THIS CONTRACT BUT READ IT IN ITS ENTIRETY BEFORE SUBMITTING YOUR APPLICATION. IF HIRED, YOU WILL BE EXPECTED TO EXECUTE THIS AGREEMENT.

PLEASE DO NOT SIGN THE AGILITY TEST RELEASE OF CLAIMS & WAIVER OF LIABILITY UNTIL YOU ARE IN THE TIME YOU ARE SCHEDULED FOR THE TEST AND IN THE PRESENCE OF A WITNESS. BE SURE YOU READ IT IN ITS ENTIRETY BEFORE SUBMITTING YOUR APPLICATION.

PERSONAL INFORMATION

DATE _____

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO. ()	REFERRED BY		

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHEN?	

EDUCATION HISTORY

NAME & LOCATION OF SCHOOL	CIRLCE LAST YEAR COMPLETED	DID YOU GRADUATE?	SUBJECTS STUDIED AND/OR DEGREES RECEIVED
GRAMAR SCHOOL		<input type="checkbox"/> YES <input type="checkbox"/> NO	
HIGH SCHOOL	1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE	1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL	1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH	
WORK OR SPECIAL TRAINING SKILLS	
U.S. MILITARY OR NAVAL SERVICE	RANK

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH MOST RECENT)

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

WHICH OF THESE JOBS DID YOU LIKE BEST? _____

WHAT DID YOU LIKE MOST ABOUT THIS JOB? _____

REFERENCES GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	PHONE	BUSINESS	YEARS KNOWN

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Date _____ Signature _____

IN CASE OF AN EMERGENCY NOTIFY

NAME _____ ADDRESS _____ PHONE NO. _____

PLEASE RETURN COMPLETED APPLICATION BY _____

Do NOT WRITE BELOW THIS LINE

INTERVIEWED BY _____ DATE _____

REMARKS

NEATNESS		CHARACTER		
PERSONALITY		ABILITY		
HIRED	FOR DEPT.	POSITION	WILL REPORT	SALARY WAGES

APPROVED: 1. _____ 2. _____ 3. _____



City of Fitzgerald

116 North Johnston Street
Fitzgerald, GA 31750
229-426-5060

Employee Name: _____ Date of Birth: _____
Driver's License Number: _____ Social Security Number: _____
Street Address: _____ City: _____ State: _____ Zip: _____

EMPLOYEE DRUG AND ALCOHOL SCREEN CONSENT FORM

I hereby understand that, as a condition of my employment, I may be subject to drug and/or alcohol testing for any of the following reasons:

- * Pre-employment
- * Post-Hire
- * Post-Accident
- * For Cause or Suspicion
- * Random
- * Promotion and/or Job Transition

I understand that when I am requested to produce a specimen for drug and/or alcohol testing, I must comply immediately. I also understand that a positive drug or alcohol test or that my refusal to produce a specimen upon request can be cause for termination. I further understand that the illegal use, sale, possession, or distribution of drugs or alcohol, as well as any illegally obtained prescription medication, is a violation of company policy and is cause for immediate termination.

I understand and accept the terms of this agreement as a condition of my employment.

Employee Signature: _____ Date: _____

RELEASE OF CRIMINAL RECORDS

I do hereby authorize the City of Fitzgerald to examine any and all criminal records and arrests on file in the counties in the State of Georgia or any other state. In doing so, I understand that I am waiving my right of confidentiality concerning my criminal history. I also hereby release any parties concerned from any actions whatsoever, arising out of or relating to the release of the requested information.

At this time, would your Criminal/Background History Report show any derogatory information at all?

(Circle One) YES NO

If yes, please explain in detail. _____

Employee Signature: _____ Date: _____

FITZGERALD POLICE DEPARTMENT USE ONLY

RECORD CHECK:

- No Record
- Record (Information attached)

Police Clerk Signature Date



Fitzgerald Fire Department

EMPLOYMENT AND TRAINING CONTRACT

DO NOT SIGN

FITZGERALD FIRE DEPARTMENT

EMPLOYMENT AND TRAINING CONTRACT

THIS AGREEMENT made this _____ day of _____, _____ by and between _____ (Employee) and the City of Fitzgerald, through its Fire Department:

and

WHEREAS, The City desires to employ the above named Employee as a Firefighter (job title) and desires to make such employment contingent upon certain conditions; and

WHEREAS, the City will train and equip the Employee and expend time, money and effort in this regard;

NOW, THEREFORE, In consideration of the mutual promise and covenants hereinafter set forth, the parties agree as follows:

1. The City agrees to employ, train and equip the above named Employee subject to the terms and conditions set forth herein.
2. The City will make available at the Fire Department a copy of the City of Fitzgerald personnel policies. This contains personnel regulations and procedures, and employee benefits.
3. The City through its Fire Department, will supply the Employee with a copy of the Fire Department *Standard Operating Procedures and Guidelines*. Its contents set forth: (a) Goals of the Department; (b) Duties of its members; and (c) Rules of Conduct; (d) procedures, policy and guidelines to be followed in the performance of duty.
4. The City reserves the right to demote or release any employee for proper cause or for violation of any of the terms of Agreement and in accordance with the City's ordinances and policies.
5. The Fire Chief or designee has the authority to routinely assign and/or transfer all personnel of the Department as deemed necessary for more effective and/or efficient use of such persons. Any person of the Department may be reassigned by location, days and/or hours worked.

6. The Fire Chief will prescribe the equipment provided, the uniforms to be issued and the manner in which an employee of the department will utilize them. The Fire Chief may prohibit any equipment which may not be consistent with Department goals or which will not effectively promote the interests of the Department.
7. The Employee agrees to accept such employment and to perform such duties within his job classification as are deemed necessary by the Fire Chief for the efficient and successful operation of the Department.
8. The Employee agrees to familiarize himself with the contents of the above-mentioned publications and he will comply with all policies, procedures, rules and regulations contained in them.
9. The Employee will serve a probation period of 12 months from the time of graduation from the Fire Academy or date of hire, whichever is applicable to determine his adaptability to the work of a firefighter position to which they are employed. At any time during the probation period, Employee may be released from employment without appeal for any reason whatsoever. Employee may be released from employment without appeal if the employee fails to complete basic mandate training or any other required training curriculum as directed.
10. The Employee hereby agrees to remain with the Department for a minimum period of **36 months** from the completion of basic mandate training or date of hire for previously certified firefighters, whichever is applicable.
11. Inasmuch as the total costs involved in providing Employee with uniforms, equipment and training are difficult to calculate and allocate with exactitude and damages for breach of this contract agreement are likewise difficult to assess, the Employee agrees to pay (reimburse) the City of Fitzgerald the sum of \$6,000, Six thousand dollars, not as a penalty, but as agreed upon damages, in the event the Employee terminates his employment with the City of Fitzgerald Fire Department within the first 12 months subsequent to completing basic mandate training; If the employee terminates employment after 12 months but within 24 months of completing basic mandate training, the employee agrees to pay \$4,000, Four thousand dollars as agreed upon damages; If the employee terminates employment after 24 months but within 36 months of completing basic mandate training, the employee agrees to pay \$2,000.00, Two thousand dollars as agreed upon damages.
12. In addition to the above payment of damages to the City of Fitzgerald, if the employee terminates their employment with the City of Fitzgerald and is hired by another Fire Agency within 36

months of the date of graduation from mandate or formalized training, then the employee also agrees to repay the total amount of salary paid to them during their period of mandate training.

13. Employees who are already Georgia Certified Firefighters when hired will be trained in specialized areas. Due to the diversity of training offered, certified firefighters agree to pay (reimburse) the City of Fitzgerald 100% of calculated cost of specialized training when attended by the employee at the Fire Department's expense in event the employee terminates his employment within the first 36 months.
14. Termination by the City for any reason, or termination by the Employee for reasons of poor health or physical or mental incapacity shall not constitute a breach of this Agreement if such is certified by a licensed physician approved by the City.
15. In the event the Employee is called to active military duty (US Army, Navy, Air Force, Marines, Coast Guard), has his probationary period extended or is granted a leave of absence during the period covered by this Agreement, the period of this Agreement shall be extended by a duration of time equal to the time of military service, extension of the probation period or leave of absence, whichever is (are) applicable.
16. The Employee agrees to devote full time, attention and efforts to the Department while on duty, further agrees that he will not engage or be employed, directly or indirectly, in or by any business or entity without express written consent of the Fire Chief.
17. The Employee will maintain habits, which not reflect unfavorably upon integrity of the City, Department, the profession of firefighters or the employee.
18. The Employee will endeavor to maintain good health and report any illness or health conditions or incapacity, which may affect his job performance, in accordance with the City's sick leave policy.
19. The employee, shall, upon orders or instructions, attend and participate in the in-service training programs provided by the Department.
20. The Employee of this Department will cooperate and will answer truthfully all questions raised by superior officers. He agrees to take a polygraph test pertaining to any investigation when this is found necessary or desirable as determined by the Department. Failure to cooperate with the responsible official of this Department concerning the above constitutes grounds for dismissal.
21. In the event of breach of this contract, the Employee authorizes the City to withhold from his salary the wages and/or accrued annual

leave, if any, due at time of termination. The Employee agrees that all money withheld shall be forfeited to the City to be applied to payment of that portion of the liquidated damages included in this contract.

- 22. Upon termination of employment with the Department, the Employee agrees to relinquish any and all authority of power vested in him as an employee of the Fitzgerald Fire Department. Employee agrees to surrender all clothing, equipment, publications, manual and/or any materials issued to him by the City. The Employee agrees to authorize reimbursement to the City the cash value of any articles mentioned above which are not returned upon termination of such employment
- 23. If any section, sentence, clause, phrase or portion of this document is, for any reason, held invalid or unconstitutional by any court of competent jurisdiction, such portion shall be deemed a separate, distinct and independent provision and such holding shall not affect the validity of the remaining portions hereof.
- 24. The waiver of any covenant or conditions by the City shall not be construed as a waiver of a subsequent breach of the same covenant or condition. The waiver of exercise of any legal right hereunder shall not be construed as a waiver of any action or right the City may have pursuant to the terms of this contract.
- 25. This Agreement shall become effective at 0700 hours on the first day of employment with City of Fitzgerald Fire Department and it shall remaining full force and effect for the duration of employment with the City.

IN WITNESS WHEREOF, the parties hereto have set their seals and signatures this date.

ATTEST:

CITY OF FITZGERALD

BY: _____
Fire Chief

Employee



Fitzgerald Fire Department

315 East Pine Street
Fitzgerald, Georgia 31750
Phone: 229-426-5030
Russell J. Seaver, Fire Chief

City of Fitzgerald Fire Department AGILITY TEST

RELEASE OF CLAIMS & WAIVER OF LIABILITY

I, _____, for and in consideration of being considered for employment by the Fitzgerald Fire Department, do hereby make the following representations and acknowledgements:

1. As a part of the application process, I will have to take a physical agility test. The test may involve running, jumping, lifting, climbing, carrying, exercising and other physical activities. Whether I am in good physical condition or poor physical condition, I recognize that there are risks of injury involved in taking this agility test. I further understand that if I am not in good or adequate physical condition, or if I have any pre-existing injuries, diseases, or physical conditions which may be aggravated by this test, that I may be placing myself at risk. I fully accept all risk and responsibility involved in engaging in this agility test.
2. I realize and agree that when taking the agility test, I will not be an agent, servant or employee of the City of Fitzgerald or Fitzgerald Fire Department, and therefore will not be covered by any worker's compensation, death or disability benefits of the City of Fitzgerald.

By signing this waiver, I do hereby release and forever discharge the City of Fitzgerald, the Fitzgerald Fire Department, and its elected officials, officers, and employees, in both their professional and personal capabilities, from any and all liability, claim, suits, demands or causes of action which may arise from my taking the agility test.

This waiver is intended to cover all acts or omissions of the City of Fitzgerald, the Fitzgerald Fire Department, and its elected officials, officers and employees, regardless of whether such act or omission is the result of an intentional, reckless, grossly negligent, or negligent act.

By signing this waiver, it is my intent to bind heirs, executors, administrators and assigns. I understand the terms of this release are contractual and not a mere recital. Before signing this release, I read it fully and hereby acknowledge that I understand it, and I have signed this document of my own free will.

Applicant Name: _____ Signature: _____

Address: _____ City: _____ State: _____ Zip: _____

Social Security No: _____ - _____ - _____ Date of Birth: ____/____/____ Phone #: _____ - _____ - _____

DATE SIGNED: ____/____/____ WITNESS: _____

In case of emergency, notify: Name: _____

Relationship: _____ Contact Number: _____ - _____ - _____