

TOWN OF WEAVERVILLE EMPLOYMENT APPLICATION

An Equal Opportunity/Affirmative Action Employer

FIRE DEPARTMENT

Applications may be hand delivered, mailed to PO Box 338, Weaverville, NC 28787, or emailed to jharwood@weavervillefd.org
<http://www.weavervillenc.org>

Fill out all sections **COMPLETELY** and to the best of your ability. Your application will be used as part of the examination process and, therefore, should represent your best effort. **Unsigned, or incomplete applications will not be considered.** Once submitted, application materials become the property of the Town. An application must be received in Town Hall by 5 pm on the closing date posted to ensure consideration. Photocopied applications must have an original signature and current date. If a position is posted as "may close without notice," **APPLY IMMEDIATELY.**

CURRENT INFORMATION

(1) POSITION TITLE _____ DATE: _____

(2) When will you be available for employment? (i.e. immediately, 2 weeks notice) _____

(3) Are you seeking Full-time regular Part-time regular Temp./prefer regular
 Temporary Only

(4) NAME: _____
(Last) (First) (Middle)

(5) ADDRESS: _____
Street & No. or P.O. Box City State Zip

(6) HOME TEL # () _____ BUS. TELEPHONE # () _____
E-MAIL ADDRESS _____ (if applicable)

(7) Are you 18 or older? Yes No If NO, what is your birth date? _____

GENERAL INFORMATION

If you need to explain any answer, use the space under EXPLANATIONS near the end of this application.

(8) Apart from absences for religious observances, check conditions that you are willing to accept.

Occasional: night work weekend work overtime rotating shifts "on-call"
Regular: night work weekend work overtime rotating shifts "on-call"
Frequent night work weekend work overtime rotating shifts "on-call"

(9) Have you ever been employed with the Town of Weaverville? Yes No

If YES, what department and when: _____

(10) Have you applied to the Town of Weaverville before? Yes No

If YES, indicate what position and when: _____

(11) Are you willing to accept a salary within the advertised normal starting salary range? Yes No

(12) Are you now or were you previously related in any way to a Town employee? Yes No

If YES, give name, relationship and department: _____

(13) Are you able to perform all of the duties of the job you have applied for? Yes No

(14) Have you ever been convicted of a felony? If YES, please explain under EXPLANATIONS. NOTE: A conviction record will not necessarily exclude you from employment. Factors such as age at time of offense, rehabilitation efforts, length of time since the offense, and nature of the crime will be taken into consideration. Yes No

(15) Are you an American citizen or do you currently have authorization to work in the U.S.?

Yes No

(16) Did you receive any of your education or employment experience under another name?

Yes No

If YES, please explain under EXPLANATIONS.

EDUCATION Provide your complete history

(17) Indicate highest school year completed: (i.e. 8, 12, 16) _____

(18) Name of High School _____ City _____ State _____

(19) Have you received a high school diploma or equivalent? [] Yes [] No

Education Beyond High School	Name and Location	Attended From				Did You Graduate?	Credit Hours	Degree, Diploma, Certificate Earned or # of Yrs.	Major Minor
		Mo.	Yr.	Mo.	Yr.				
College(s) University(ies)						Yes No			
Graduate or Professional Schools						Yes No			
Technical Institutes, Internship, Other						Yes No			

KNOWLEDGE, SKILLS & ABILITIES

(23) Please list any knowledge, skills, or abilities you have that you feel are applicable to the position for which you are applying. Include skills with equipment or machines you can operate. If you wish consideration for a secretarial/clerical position, indicate typing speed and word processing software packages known and/or used.

- (a) _____ (e) _____
- (b) _____ (f) _____
- (c) _____ (g) _____
- (d) _____ (h) _____

REGISTRATIONS, LICENSES, CERTIFICATIONS

(24) List fields of work for which you have been registered, licensed or certified:

Registration: _____ State: _____ No: _____ Exp. Date: _____

Registration: _____ State: _____ No: _____ Exp. Date: _____

Other: _____

(25) Please list your **VALID DRIVER'S LICENSE NUMBER** and the state in which it was issued. If you do not have a driver's license, please put "NONE" in the blank –

Number: _____ **State:** _____

(26) Is your driver's license a Commercial Driver's License? [] Yes [] No
If YES, indicate the class _____

EMPLOYMENT

Record your complete work history in the spaces below. If needed, additional sheets containing the same information and in the same format are acceptable. BEGIN with your current or most recent position. Include military and related volunteer experience. Be sure to account for gaps in your employment history. **ALL SPACES MUST BE COMPLETED OR MARKED N/A (not applicable).** "See attached resume" is NOT acceptable in the duties space.

A. CURRENT OR MOST RECENT EMPLOYMENT (or explain gap in employment)

JOB TITLE _____ Starting Salary _____ Last Salary _____

Date employed _____ Date Separated _____

Employer or company _____ Telephone # (____) _____

Employer or company address _____

Name and Title of most current supervisor _____

Full-time for: Yrs ____ Mos ____ Part-time for: Yrs ____ Mos ____ # of employees supervised by you ____

If you worked part-time, the number of hours worked per week _____

DUTIES IN ORDER OF IMPORTANCE _____

REASON FOR LEAVING or desiring a change _____

B. NEXT MOST RECENT EMPLOYMENT (or explain gap in employment)

JOB TITLE _____ Starting Salary _____ Last Salary _____

Date employed _____ Date Separated _____

Employer or company _____ Telephone # (____) _____

Employer or company address _____

Name and Title of most current supervisor _____

Full-time for: Yrs ____ Mos ____ Part-time for: Yrs ____ Mos ____ # of employees supervised by you ____

If you worked part-time, the number of hours worked per week _____

DUTIES IN ORDER OF IMPORTANCE _____

REASON FOR LEAVING or desiring a change _____

C. NEXT MOST RECENT EMPLOYMENT (or explain gap in employment)

JOB TITLE _____ Starting Salary _____ Last Salary _____

Date employed _____ Date Separated _____

Employer or company _____ Telephone # (____) _____

Employer or company address _____

Name and Title of most current supervisor _____

Full-time for: Yrs ____ Mos ____ Part-time for: Yrs ____ Mos ____ # of employees supervised by you ____

If you worked part-time, the number of hours worked per week _____

DUTIES IN ORDER OF IMPORTANCE _____

REASON FOR LEAVING or desiring a change _____

D. NEXT MOST RECENT EMPLOYMENT (or explain gap in employment)

JOB TITLE _____ Starting Salary _____ Last Salary _____

Date employed _____ Date Separated _____

Employer or company _____ Telephone # (____) _____

Employer or company address _____

Name and Title of most current supervisor _____

Full-time for: Yrs ____ Mos ____ Part-time for: Yrs ____ Mos ____ # of employees supervised by you__

If you worked part-time, the number of hours worked per week _____

DUTIES IN ORDER OF IMPORTANCE _____

REASON FOR LEAVING or desiring a change _____

<p>(27) Have you had disciplinary action taken against you in the past 12 months? ? <input type="checkbox"/> Yes <input type="checkbox"/> No (If YES, explain under EXPLANATIONS. (A YES will not automatically disqualify you.)</p> <p>(28) a.) Have you ever been dismissed or forced to resign from any job held? <input type="checkbox"/> Yes <input type="checkbox"/> No b.) Were you dismissed or forced to resign for disciplinary reasons? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES to "a" or "b", explain under EXPLANATIONS. (A YES will not automatically disqualify you.)</p> <p>(29) May we contact your present employer for reference prior to an interview (if granted)? <input type="checkbox"/> Yes <input type="checkbox"/> No If you are not currently employed, please check here N/A (____). If NO, explain under EXPLANATIONS.</p>

EXPLANATIONS

ITEM #--- _____
ITEM #--- _____
ITEM #--- _____
ITEM #--- _____

Certification and Release (MUST BE SIGNED AND DATED BELOW)

- To the best of my knowledge and belief, the information given truly represents my background and experience. I understand that if I have knowingly or negligently misrepresented, falsified or omitted any information during the application process, or have made any changes to the format or wording of this application form, I may be disqualified for employment consideration or dismissed from employment with the Town.
- I authorize my current and former employers to give any information regarding me or my employment, whether or not it is on their records. I hereby release them from any damage whatsoever for issuing same.
- I also authorize educational institutions which I attended to reveal my scholastic ratings, as well as degrees or certificates earned, to the Town of Weaverville; and associations, registration and licensing boards and to others to furnish whatever detail is available concerning my qualifications. Notwithstanding any provision of State or Federal law, I expressly waive any right I have to review information the Town receives from an employer or educational institution under a promise of confidentiality.
- I also permit the Town of Weaverville to conduct a Police, Court, Credit and/or Motor Vehicle Records Investigation of my background where related to the job for which I am applying.
- I understand that if I apply or have applied for certain jobs, I may be tested for drug and alcohol use to determine if I am currently using or abusing these substances. I consent to the testing and understand that the results could preclude my appointment.
- I understand and acknowledge that should I be employed by the Town of Weaverville, then I serve "at will". This means that I may be terminated at any time. I further understand that this "at will" employment relationship may not be changed by any written document unless such change is specifically approved by the Town Manager

SIGNATURE _____ **DATE** _____

**SUPPLEMENT TO TOWN OF WEAVERVILLE
EMPLOYMENT APPLICATION**

The Town of Weaverville is an Equal Opportunity Employer. Please complete this form in order for us to comply with the reporting requirements of the Equal Employment Opportunity Commission. This form will be separate from your employment application. Other than the information you provide in Section I, the information on this form will not be used in any way in our selection process or for any personnel action following employment. It will be maintained in personnel files which must be kept confidential under State law. Public disclosure of this information without your consent would be a violation of state general statutes.

I. POSITION APPLIED FOR: _____

NAME: _____ Last _____ First _____ Middle _____

DATE OF APPLICATION: _____

II. SEX: (Please circle) Male Female

III. ETHNIC CATEGORY: (Please circle)

White - Origins in any of the original peoples of Europe, North Africa, or the Middle East.
Black - Origins in any of the Black racial groups of Africa. (Not Hispanic)
Hispanic - Mexican, Puerto Rican, Cuban, Central, or South American or other Spanish Culture or origin regardless of race.
Asian or Pacific Islander - Origins in the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands.
American Indian or Alaskan Native - Origins in any of the original peoples of North America.

HOW DID YOU LEARN OF THIS OPENING: (Indicate below by placing a check beside the source)

- ____ Newspaper (specify): _____
- ____ Employment Security Commission
- ____ Job Line
- ____ Employment Interest Card
- ____ Came to Municipal Building
- ____ Employment Opportunity List (where posted): _____
- ____ Internet
- ____ Other (specify): _____

DRUG SCREENING

All **FINAL** applicants for high risk or safety sensitive positions (HRSS) must pass a drug screening process. Further information will be provided at the appropriate time in the employment process.

OVERTIME COMPENSATION AGREEMENT

For employees subject to the overtime provisions of the Fair Labor Standards Act (FLSA), we generally allow the employee to choose between time off or pay for overtime worked. However, either is subject to supervisory approval and may be affected by budgetary constraints.

SELECTIVE SERVICE REGISTRATION

If male and age 18 to 26, have you registered for Selective Service?

(Please circle) Yes No

If not, you will have 30 days to comply if selected for a position as required by Federal law.

CERTIFICATION (THIS FORM MUST BE SIGNED)

I certify that I have read and understand the information contained on this form, complied with the instructions provided, and have done so truthfully to the best of my knowledge.

Name _____

Date _____

An Equal Opportunity/Affirmative Action Employer

Personal Inquiry Waiver
Authority for Release of Information

To: Concerned Person or
Authorized Representative of
Any Organization, Institution, or
Repository of Records

Applicant's Name: _____
Date of Birth: _____
Social Security No: _____

I respectfully request and authorize you to furnish the Weaverville Police Department any and all information that you may have concerning my work record, school record, military record, reputation, and financial and credit status. Please include any and all reports including all information of a confidential or privileged nature, and photostats of same, if requested. This information is to be used to assist in determining my qualifications and fitness for the position I am seeking with the Town of Weaverville, NC: Fire Department.

I hereby release you, your organization, or others from; any liability or damage, which may result from furnishing the information requested above. I further understand that the information obtained may not be released to myself. I also understand and agree that the decision whether to or not to hire/sponsor is final.

Applicants Signature

Date

Address

City State Zip Code

State of: _____

County of: _____

Subscribe and sworn to (or affirmed) before me on the _____ day of _____

200____. By _____ He/She is personally known to me or has presented
(Name of Applicant)

_____ as identification.
(Type of Identification)

(Seal)

Signature: _____
Name: _____
Title: _____
Commission No: _____ Expires _____

Weaverville Fire Rescue Firefighter Candidate Agility Testing

These tasks will be performed while wearing a 40lb weight vest

- 1.) At the designated starting point the candidate will drag a charged 1 ¾' hose line 75 ' to a point where the candidate will hit a target with the hose stream then place the nozzle on the ground and proceed to next station.
- 2.) The candidate will drive the Keiser machine to a pre-designated mark then proceed to the next station.
- 3.) The candidate, while carrying a high rise pack, will proceed to the second floor landing of the tower and return back to the first floor entry door. (All steps MUST be used when descending the stairs).
- 4.) The candidate will then perform a ceiling breach simulation with a 45lb bar using a starting hand position at the waist and fully extending the arms above the head for a total of ten (10) repetitions. The candidate will then proceed to the entry door of the tower.
- 5.) The candidate, while carrying the high rise pack, will proceed to the third floor landing and return to the entry door of the tower. (All steps MUST be used when descending the stairs).
- 6.) While continuing to carry the high rise pack the candidate will then walk around a cone set at 50' distance and then return back to entry door of the tower.
- 7.) The candidate will then proceed to the fourth floor landing (top floor) where they will drop the high rise pack and proceed to hoist a 50' roll of 2 ½" hose to the cat walk. The hose roll must make it over the rail. The candidate will then proceed to the entry door of the tower without the high rise pack. (All steps MUST be used when descending the stairs).
- 8.) The candidate will then drag a simulated victim 70' and the test is complete.

****Candidates must maintain a constant forward motion while performing the entire test. The candidate will receive one (1) warning about forward motion and any subsequent infractions could result in failure of the test.**

Town of Weaverville Fire Department

P.O. Box 338 Weaverville N.C. 28787

WAVIER AND RELEASE

WHEREAS, the undersigned has applied for a position with the Town of Weaverville Fire Department; and

WHEREAS, the undersigned acknowledges that a firefighter must be in certain physical condition in order to perform his or her duties for the Weaverville Fire Department; and

WHEREAS, the undersigned is required to participate in certain activities to test the undersigned's physical capabilities before receiving an offer of employment; and

WHEREAS, the undersigned acknowledges that he or she may receive certain physical injuries from participating in the events; and

WHEREAS, In the consideration of the Town of Weaverville considering my employment application, I acknowledge that by signing this document, I release the Town of Weaverville and the Weaverville Fire Department and their officers, officials and employees and agents from any liability whatsoever. I agree hold harmless on behalf of myself, my heirs, executors, administrators, legal representatives, assignees and successors in interest from any and all rights which may hereafter accrue to me and from any and all damages which may be sustained by me directly or indirectly in connection with or arising out of my participation in or with the tests used in the firefighter selection process; and

WHEREAS, I acknowledge that I voluntarily choose to participate in the following physical test:

1. Drag a charged hoseline 75'
2. Keiser Drill
3. Carry high rise pack 2 stories
4. Ceiling breach with 45 lb. bar, 10 reps
5. Carry high rise pack 3 stories
6. High rise pack around cone @ 50'
7. Carry high rise pack 4 stories
8. 4 story hose hoist
9. Drag a 165 lb. Rescue Randy 70'

WHEREAS, I understand that I have an opportunity to observe tests 1-9 before being asked to complete them; and

WHEREAS, This release form has legal consequences. I have read it carefully before signing it.

NOW THEREFORE; I agree to all of the conditions stated above by signing this document.

Signature

Date

This Section to be completed by a Notary Public

I, _____, a Notary Public for said County and state,

do hereby certify that _____

personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal, this the _____ day of

_____, 201__.

(Official Seal)

Notary Public

My commission expires _____