



FIRE DEPARTMENT EMPLOYMENT APPLICATION

City of Forney, P.O. Box 826 / 101 E. Main Street, Forney, Texas 75126

PHONE: (972) 564 - 7300

The City of Forney is an Equal Opportunity Employer and encourages applications from eligible and qualified persons regardless of race, color, religion, sex, age, national origin or physical disability.

Your interest in employment with the City of Forney is appreciated. In order to gain a better understanding of your background and work history, we ask that you answer all questions completely in your own handwriting and to the best of your knowledge. Information provided is subject to verification. **Incomplete applications will not be considered. Applications must be hand written.**

POSITION APPLYING FOR: _____ **DATE:** _____

PERSONAL INFORMATION		
Last Name	First	Middle
Street Address		Social Security #
City	State	ZIP
Phone	Alternate Phone:	Email:
Are you at least 18 years of age? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Are you currently employed elsewhere? YES <input type="checkbox"/> NO <input type="checkbox"/> Are you on layoff status and subject to recall? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Are you legally eligible for employment in the United States? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Do you work for or have you ever worked for the City of Forney before? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please give dates and positions held:		
Have you filed an application with the City of Forney before? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, when?		
Are you related by blood or marriage to any City Council member or employee of the City of Forney? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, whom?		
Name	Relationship	Department
Name	Relationship	Department
Have you ever been convicted of, plead guilty to, received deferred adjudication, or any form of court supervision for any criminal offense (misdemeanors and felonies) other than minor traffic violations within the last ten (10) years? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please explain:		
NOTE: Prior to employment, applicant will be investigated for prior convictions of criminal offenses. A prior conviction will not automatically disqualify an applicant for employment but will be considered only as it relates to the job under consideration.		

Check all types of work that you will accept: FULL TIME PART TIME TEMPORARY
 DAYS NIGHTS SHIFTS

When are you available to begin work? _____

Have you read and do you understand the requirements of the job for which you have applied? YES NO

Can you perform the essential functions of this job with or without a reasonable accommodation? YES NO

EDUCATION, TRAINING, AND SKILLS

Do you have a high school diploma? YES NO Do you have a GED? YES NO

Diploma or GED certificate received from _____ City and State _____

College, Post Graduate, Technical, or Vocational School:

Name	Location	Course of Study	Years Completed	Degree Received

Describe any other specialized training, apprenticeships, professional licenses:

List any other skills related to the job for which you are applying:

Have you ever had any job related training in the United States Military? YES NO If yes, please describe:

Do you have a valid Texas driver's license? YES NO License # _____

Type of License: Operators Class A CDL Class B CDL Class C CDL

Has your driver's license ever been suspended or revoked? YES NO If yes, please explain:

EMPLOYMENT HISTORY

Beginning with the most recent, list all employment. ALL APPLICABLE BLANKS MUST BE COMPLETED. Resumes may not be submitted in place of employment history, but may be attached as a supplement to your application.

If any employment was under a different name, indicate name: _____

Employer	Phone ()
Position Held	Employment Dates
Address	Salary \$
Type of Business	Supervisor
May we contact this employer? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Brief descriptions of duties:	
Reason for leaving:	

Employer	Phone ()
Position Held	Employment Dates
Address	Salary \$
Type of Business	Supervisor
May we contact this employer? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Brief descriptions of duties:	
Reason for leaving:	

Employer		Phone ()	
Position Held		Employment Dates	
Address			Salary \$
Type of Business		Supervisor	
May we contact this employer? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Brief descriptions of duties:			
Reason for leaving:			

Employer		Phone ()	
Position Held		Employment Dates	
Address			Salary \$
Type of Business		Supervisor	
May we contact this employer? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Brief descriptions of duties:			
Reason for leaving:			

Please explain any periods of unemployment:	
Have you been discharged or asked to resign from a job? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please explain:	

PERSONAL REFERENCES

List three people whom you have known for at least three years – **do NOT include relatives or former employers.**

Full Name	Relationship
Address	Phone ()
How long have you known this person?	Alt. Phone ()

Full Name	Relationship
Address	Phone ()
How long have you known this person?	Alt. Phone ()

Full Name	Relationship
Address	Phone ()
How long have you known this person?	Alt. Phone ()

ATTACHMENTS REQUIRED FOR THIS APPLICATION

1. Copy of State of Texas driver's license
2. Copy of high school transcript or GED
3. Copy of Basic Certification from the Texas Commission on Fire Protection
4. Copy of EMT Certification from the Texas Department of State Health Services

OTHER

How did you learn of this job opening? (Check one)

Newspaper Ad Which Newspaper? _____

Workforce Commission City of Forney Website City Employee Walk In Other _____

PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that all information given on this application is true, correct, and complete to the best of my knowledge. I understand that discovery of misrepresentation or omission of facts herein will make me ineligible for employment and is cause for immediate dismissal.

I hereby authorize any corporation, former employer, educational institutions, law enforcement agencies, city, county, state, and federal courts and military services to release information about my background including, but not limited to, information about employment, education, criminal record, driving record, and general reputation. I agree to furnish any additional information required to complete the background check. I release all relevant parties from all liability resulting from furnishing such information. I indemnify the City of Forney against any liability which may result from making such inquiries.

I also understand that employment with the City of Forney is contingent upon the results of an employment physical and drug alcohol screen.

I further understand that this is an application for employment and that no employment contract, whether expressed or implied, is being offered. I also understand that, if employed, such employment is for no fixed or definite period and is subject to change in wages, conditions, benefits, and operating policies. Any employment is "at will" and may be terminated at any time, with or without notice.

Signature of Applicant

Date



CITY OF FORNEY NOTICE OF FIREFIGHTER EXAMINATION

The following is an outline of the hiring process. Each phase must be successfully completed before proceeding to the next.

PHASE I: WRITTEN EXAM: (8:30am on September 9, 2017)

The written exam for Firefighter will be administered on Saturday, September 9, 2017. The written exam location to be announced. The written test takes approximately two (2) hours and will cover basic reading comprehension, math skills, mechanical comprehension, and table interpretation. Applicants arriving after 8:30am will NOT be permitted to take the exam. Please bring a valid drivers license or military ID in order to be admitted in to the testing room. **Applicants must pass the written exam, with a passing score of 70% or above, in order to proceed to the physical agility portion of the test. Failure to pass the written exam will be an automatic disqualification in the hiring process.**

A study guide is available exclusively from IPMA-HR online at:
<http://www.ipma-hr.org/assessment/study/fire>

PHASE II: PHYSICAL AGILITY EXAM: (Date & Time TBD)

The physical agility test location to be announced. Bring or wear suitable clothing for physical activity, i.e. long pants and running shoes. The physical agility test is a pass/fail test. See attached sheet for all activities involved in this test.

The physical agility test is a set of evolutions which requires a certain level of physical fitness in order to complete. If you have been ill recently or have some type of injury in various stages of healing, you may wish to not apply at this time. Applicants with actual or possible physical conditions of any nature that could be aggravated or which could endanger their health or physical welfare should:

- Contact his/her own personal physician prior to taking the physical agility test for approval; and/or
- Withdraw from completing the physical agility.

All applicants taking the physical agility test **must** sign a liability release before performing the test.

There are seven (7) stations in the physical agility test. Each exercise resembles actual activities involved in firefighter work. All stages will be explained and demonstrated to you on the day of the exam. You may ask questions to clarify anything you do not understand.

This is a timed test. Each section is timed and each applicant will receive a pass or fail score based on his/her performance in that section. There is time allowed for you rest momentarily between exercises. All applicants must perform each exercise within the allotted time in order to qualify to continue in the hiring process.

PHASE III: INTERVIEWS:

Applicants who pass the first two (2) phases will be required to appear before a panel for an oral interview. The applicant will be asked questions designed to demonstrate certain knowledge, skills, and abilities as a firefighter with the City of Forney. Information received during the application process will also be reviewed. The City

reserves the right to limit the number of interviews based on performance in the previous phases and the number of positions available.

PHASE IV: BACKGROUND INVESTIGATION:

Applicants who pass the above phases will receive a conditional offer of employment based on the number of positions available.

A thorough background investigation is conducted to establish evidence of good moral character, a well-adjusted personality, and a pattern of conduct acceptable to the City of Forney Fire Department.

PHASE V: PRE-EMPLOYMENT MEDICAL ASSESSMENT:

Prospective employees must successfully complete a drug screen (with a negative result) and receive a pre-employment evaluation by a designated physician. This is to assess the candidate's ability to safely function as a City of Forney Firefighter. Candidates who pass this phase will receive a final offer of employment depending on the number of open positions.

BENEFITS

- City paid employee dental and health insurance
- Partial payment of premiums for dependent health insurance
- 2 x annual salary life insurance policy
- Short and long-term disability premium paid by the City of Forney
- Longevity pay of \$5 per month for each year of service
- Texas Municipal Retirement System (TMRS) at 7% employee contribution with 2:1 City match. Fully vested after 5 years
- Paid vacation and sick leave
- Ten (10) paid holidays and two (2) personal holidays annually