THE CITY OF MARTIN, TENNESSEE
101 UNIVERSITY AVENUE
MARTIN, TENNESSEE 38237
PHONE (731) 587-3126 FAX (731)-587-9115

EMPLOYMENT APPLICATION FORM

INSTRUCTIONS: Please print all information requested except your signature. Applicants may be tested for illegal drug use.

DATE:_____

NAME: _____
Last First Middle

PRESENT ADDRESS:_____

_____

HOW LONG HAVE YOU LIVED AT THIS ADDRESS? _____

SOCIAL SECURITY NO. _____ – _____ – _____

TELEPHONE NO. ( ) _____

POSITION APPLIED FOR:
_____

EMPLOYMENT DESIRED: [ ] FULL-TIME [ ] PART-TIME [ ] NO PREFERENCE

WHEN ARE YOU AVAILABLE FOR WORK? _____

HOW MANY HOURS CAN YOU WORK PER WEEK? _____

CAN YOU WORK NIGHTS? [ ] YES [ ] NO

PLEASE INDICATE THE DAYS OF THE WEEK YOU ARE AVAILABLE FOR WORK:

[ ] Any [ ] Monday [ ] Tuesday [ ] Wednesday

[ ] Thursday [ ] Friday [ ] Saturday [ ] Sunday

EDUCATION

High schools attended:

_____
Name of school City/State
Graduate
? Y/N

_____
Name of school City/State
Graduate
? Y/N

College/Trade School/Business School attended:

_____
Name of school City/State
Graduate
? Y/N

_____
Name of school City/State
Graduate
? Y/N

_____
Name of school City/State
Graduate
? Y/N

Please indicate your major area of study and degree earned at the above schools:

_____

_____

Have you ever been convicted of a crime? [ ] YES [ ] NO

If you answered "yes" to the above question, please explain the number of conviction(s), the nature of the offense(s) leading to conviction(s), how recently such offense(s) were committed, the sentence(s) imposed, and the type(s) of rehabilitation(s).

_____

_____

Do you have a driver's license? [ ] YES [ ] NO

Driver's License Number:_____

State:_____

Indicate type of license: [ ] Operator [ ] CDL [ ] Chauffeur

Expiration date:_____

Have you had any traffic accidents in the past three years?_____ How many?_____

Have you had any moving violations in the past three years? _____How many?_____

Please list two references other than relatives or previous employers.

_____	_____
Name	Name
_____	_____
Position	Position
_____	_____
Company	Company
_____	_____
Address	Address
_____	_____
Telephone	Telephone

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. You may use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

WORK EXPERIENCE

Have you ever been in the Armed Forces? [ ] YES [ ] NO

Are you now a member of the National Guard? [ ] YES [ ] NO

Specialty_____ Date entered_____ Discharge Date_____

Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

Employer	Last Supervisor's Name	Employment Dates Pay/Salary
Address		From
City/State/Zip Code		
Telephone		To
Reason for leaving (be specific)	Last job title:	

Employer	Last Supervisor's Name	Employment Dates Pay/Salary
Address		From
City/State/Zip Code		
Telephone		To
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Reason for leaving (be specific)	Last job title	

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by the City of Martin (hereinafter called "the City"), I agree that: Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other City practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the City, or otherwise to change in any respect the employment-at-will relationship between the City and me, and that relationship cannot be altered except by a written agreement signed by the Mayor. Employment with the City may be terminated by either me or the City at any time, without specific notice or reason. If employed, I understand that the City may unilaterally change or revise their benefits, policies, and procedures and such changes may include reductions in pay or benefits.

I authorize investigation of all statements contained in this application and its attachments. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the City permission to contact schools, previous employers, references, and others, and hereby release the City from any liability as a result of such contact.

I also understand that (1) the City has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment, (2) consent to and compliance with such policy is a condition of my employment, and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of this employment application, the City may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request

from me, the City will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

_____

Signature of applicant Date

THE CITY OF MARTIN IS AN EQUAL OPPORTUNITY EMPLOYER. WE ADHERE TO A POLICY OF MAKING EMPLOYMENT DECISIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, SEXUAL ORIENTATION, NATIONAL ORIGIN, CITIZENSHIP, AGE, OR DISABILITY. WE ASSURE YOU THAT YOUR OPPORTUNITY FOR EMPLOYMENT WITH THE CITY DEPENDS SOLELY UPON YOUR QUALIFICATIONS.

Supplemental Attachment

Martin Fire Department

Employment Application Supplement

Current Certifications and Education

Name:_____

Last First Middle

Last four (4) digits of your Social Security Number_____

The Martin Fire Department will consider additional points to applicants who have specific current certifications and/or educational degrees. The Martin Fire Department reserves the exclusive right to make the final determination if the applicant's request for additional points will be awarded.

Failure to attach proof of certification or education will result in no points being awarded.

(extra points will only be given for the highest certification or degree obtained.)

Qualifying Firefighting Certifications

(as recognized by the State of Tennessee Commission on Firefighting)

Basic/Live Firefighting = 1 point

Firefighter I = 1 point
OR
Firefighter II (or Journeyman Firefighter) = 2 points

NOTE: Out-of-State certifications must be accredited and approved by the International Fire Service Accreditation Congress (IFSAC) or the National Fire Service Professional Qualifications Board (NFSPQB). The burden of proof for credit for any out-of-state certifications is the responsibility of the applicant. Supporting documentation must be provided verifying that the certification is approved by the IFSAC and/or NFSPQB.

Points will be given for any one of the current medical certifications listed below. National Registry Certifications will NOT be accepted!! All certifications must be through the state of Tennessee. Reciprocity must be applied for and granted. Forms are online at the State of Tennessee EMS website.

Qualifying Medical Certifications

Medical First Responder – (through STATE OF TENNESSEE ONLY) = 1 point
OR
Emergency Medical Technician/IV – (through STATE OF TENNESSEE ONLY) = 2 points
OR
Paramedic – (through STATE OF TENNESSEE ONLY) = 3 points

Qualifying Education

Associates Degree (any field) = 2 points
OR
Bachelors Degree (any field) = 3 points
OR
Associates Degree in either
Fire Engineering or Fire Science ONLY = 3 points

Qualifying Firefighter Education

Completion of 10 week Fire Recruit Class (course #F100) at TFACA

Tennessee Fire & Codes Academy = 5 points

Martin Fire Department
Current Certifications and Education
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Summary

Type of Certification: _____

Certification #: _____ **# of Points:** _____

Type of Medical Certification: _____

Certification #: _____ **# of Points:** _____

Type of Educational Degree: _____

Certification #: _____ **# of Points:** _____

Completion of Fire Recruit Class

# of Points: _____

Applicant qualifies for Three (3) points if he/she is a member in good standing as a Martin Fire Department Reserve Firefighter

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Total Number of Qualifying Points: _____

By affixing my signature, I affirm that I am qualified to receive additional points for the certifications and/or education listed above. I have attached documents attesting to this and have supplied all certification numbers were applicable. I realize that all certifications will be verified by the appropriate agency.

_____ _____

Applicant's Signature **Name – PLEASE PRINT**

_____

Date

FOR MFD USE ONLY:

Certifications verified through the State of Tennessee Commission on Firefighting by:

_____ _____

Signature **Date**