DATE RECEIVED _____

RECEIVED BY _____



TOWN OF ABINGDON FIRE DEPARTMENT APPLICATION FOR PART-TIME EMPLOYMENT

INSTRUCTIONS: It is important that you fill out all sections of this application 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.

COMPLIANCE NOTICE:

- 1. By signing this application you attest that you will not have facial hair which will conflict with the wearing of a self-contained breathing apparatus (SCBA).
- 2. By signing this application you attest that you do not and will not deliberately smoke or vape any substance where the resulting smoke or vapor is breathed in tasted or absorbed into the bloodstream or lungs.
- 3. By signing this application you attest that you will achieve Firefighter I Certification as administered by the Virginia Department of Fire Programs within 12 months of Department Membership acceptance.
- 4. By signing this application you attest that you consent to a physical examination and drug screen.

ROUD HISTORY SW

Signature of Applicant

NOTE: Applicants not wishing to sign the above need not complete this application.

Applications will be held on file for 6 months from the date received.

| APPLICANTS CURR | ENT INFORMATI | ON: | | | | | |
|--|---------------------|--------------------|-------------|----------------|--------------|-----------|---------|
| Name | Last | | First | | Middle | | |
| Present Address | s | treet | | City | | State | Zip |
| Permanent Address | S | itreet | | City | | State | Zip |
| Telephone | Home | | Work | | | Cell | |
| Are you at least 18 ye | ears of age? Yes | No | If no, w | hat is your t | birth date? | <u> </u> | |
| GENERAL INFORMA | | 10 | D | | | | |
| Do you have any firef | ighting experience | e? Yes | No | lf yes, pleas | se list | | |
| Sex: Male | Female | Height : | Feet | _ Inches | Weight: | | lbs |
| Have you ever been o | convicted of a felo | ny? Yes | No | lf yes, ple | ase explain | | |
| Have you been convid | | UD HISTO | | rs? Yes_ | No_ | If y | /es, |
| | | | | | | | |
| Drivers License Num | oer | | | Issuing S | State | | |
| EDUCATION: Hig | h School | | C | ollege | | | |
| Please list any skills, are applicable to firefi | | ertifications, lic | enses, spec | ial training o | courses, etc | ., you ha | ve that |
| | | | | | | | |

| EMPLOYMENT: | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| Current or most recent employment: | | | | | | | | |
| Job Title Name and Title of Super- | bb Title Name and Title of Supervisor | | | | | | | |
| Number of employees you supervise(d) Employer/Co | mpany | | | | | | | |
| Employers Address | City State Zip | | | | | | | |
| | | | | | | | | |
| Date Employed Phone Number | Duties | | | | | | | |
| Full-timeYearsMonths Pa NOTE: If you are currently employed, may we inquire with you qualifications and character? | rt-time Years Months our employer concerning your Yes No | | | | | | | |
| Next most recent employment: | Nº E | | | | | | | |
| Job Title Name and Title of Superv | sor | | | | | | | |
| Number of employees you supervised Employer/Co | | | | | | | | |
| Employers Address | City State Zip | | | | | | | |
| Date Employed Phone Number | Duties | | | | | | | |
| Reason for leaving: | rt-time Years Months | | | | | | | |
| SPECIAL INFORMATION: Will it be agreeable with your employer for you to leave your jo | b and respond to a fire call? Yes No | | | | | | | |
| Are you available for service after scheduled work hours? Ye | es No | | | | | | | |
| Will you attend all drills, schools and meetings of the Departme | ent? Yes No | | | | | | | |
| If no, please explain | | | | | | | | |
| | | | | | | | | |

REFERENCES:

Please do not list family members or present members of the Abingdon Fire Department. We recommend listing persons such as co-workers, teachers, etc., who have knowledge of your qualifications. Do not repeat names of supervisors listed with the employment record unless they can no longer be contacted at those addresses. Please include complete address below. If we may contact by telephone, please list appropriate number(s).

| Name | | | | |
|---|--|--|----------------------|------------|
| Address | | | | |
| | Street | City | State | Zip |
| Telephone | Home | Business | Cell | |
| | | 2.00.000 | C 0 | |
| Name | | | | |
| Address | Street | | | |
| - | Street | City | State | Zip |
| Telephone | Home | Business | Cell | |
| Name | O OLO Z | 2 Arg | | |
| Address | | | | |
| | Street | City | State | Zip |
| Telephone | | | <u></u> | |
| | Home | Business | Cell | |
| In case of an acci | dent, please notify Name | | | |
| Address | | | | |
| | Street | City | State | Zip |
| Telephone | Home - | Business | Cell | |
| experience. I und | est of my knowledge and be | lief, the information given truly reputed or falsified any of the information given truly reputed or falsified any of the information of the infor | resents my backg | |
| information regard | ling me whether or not it is on the I also permit the Town of A | give any information regarding my er heir records. I hereby release them fr bingdon Fire Department to conduc | om any damages w | /hatsoever |
| forth in the Genera I will notify the Ch | al Orders of the Department. At hief or a Line Officer and imme | gdon Fire Department I will abide by any time I can no longer meet the rec diately turn in to the Department any don Fire Department which was issue | quirements of the De | epartment, |
| Signature | | Date |) | |
| Accepted by the A | Abingdon Fire Department | | | |
| Fire Chief | | Date | e | |
| | Signature of Acceptance | | | |

PLEASE LEGIBLY PRINT OR TYPE YOUR ANSWERS ON SEPARATE PAPER

- 1. Please prioritize the following in order of importance to you and explain your order: Career, Family, Friends
- 2. Describe a difficult decision that you have had to make in your life. What were the circumstances and what was your decision? Would you make the same decision again?
- 3. Tell about a conflict you have had with a co-worker or supervisor. What actions did you take to resolve the conflict? What did you learn from the conflict? What would you do differently if the same situation arose again?
- 4. Tell about a mistake you have made in your past and what you learned from that mistake.
- 5. What do you consider to be your strongest asset?
- 6. What do you consider to be your weakest flaw?
- 7. What personality traits do you possess that make you feel you would be a good firefighter?
- 8. Define accountable and why you feel it is important in the fire service.
- 9. Define honor and why you feel it is important in the fire service.
- 10. Define pride and why you feel it is important in the fire service.
- 11. Define tradition and why you feel it is important in the fire service.
- 12. Define integrity and why you feel it is important in the fire service.
- 13. Define loyalty and why you feel it is important in the fire service.
- 14. You suspect a fellow firefighter has a drug problem. What would you do?
- 15. Why do you want to be an Abingdon Firefighter?

