

# City of Amory Fire Department

Chief Zack McGonagill, 111 South Front Street, P.O. Box 457, Amory, MS 38821  
PHONE (662) 256-8383 FAX (662) 256-6337

## FIRE DEPARTMENT STAFF EMPLOYMENT APPLICATION FORM

DO NOT WRITE IN THIS SPACE  
FOR OFFICE USE ONLY

*The City of Amory & The City of Amory Fire Department are Equal Employment Opportunity Employers. We consider applicants for all positions without regard to race, color, national origin, sex, age, disability, marital status, religion or any other legally protected status.*

**NOTICE:** This application must have additional documents attached:

1. Photocopy front of driver's license
2. Upon being hired, the future employee must submit a federally issued social security card.

ALL RECORDS SUBMITTED BECOME THE PROPERTY OF THE CITY OF AMORY

### INSTRUCTIONS

Application must be printed legibly in black ink. The applicant must fill out this form in his or her own handwriting. All questions must be answered on this form even if a resume is attached. If a question is not applicable, so state with N/A. Illegible and/or incomplete applications will not be considered. If space provided is not sufficient for complete answers or you wish to furnish additional information, attach sheets of the same size as this application and number answers to correspond with questions. All applications expire one (1) year from the date received by Amory Fire Department. It will be the responsibility of the applicant to notify this agency of continued interest after one year.

### PERSONAL HISTORY FOR BACKGROUND CHECK

1. Date of Application: \_\_\_\_\_ Position Applied for: \_\_\_\_\_

2. Name in Full: \_\_\_\_\_  
First Name Middle Name Last Name

3. Present Address: \_\_\_\_\_  
House Number & Street City County State ZIP

4. Current Telephone Number(s): \_\_\_\_\_

5. Person to be notified in case of Accident or Emergency:

Name: \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

6. Have you ever legally changed your name?  Yes  No  
 a. If yes, list all other names you have used. If you have ever used any surname other than your current last name, state the date range when those names were used. Include maiden name of female applicants, as well as nicknames and aliases.

Name	Circumstances	Dates Used:	
		Begin	End

7. NA 8. Place of Birth: \_\_\_\_\_  
 City County State

9. Height: \_\_\_\_\_ 10. Weight: \_\_\_\_\_ 11. Eye Color \_\_\_\_\_ 12. Hair Color \_\_\_\_\_

13. Marital Status:  Married  Divorced  Separated  Widowed  Never Married

14. List all children related to you or your spouse, and any other dependents:

NAME	RELATION TO YOU	AGE	ADDRESS	SUPPORTED BY WHOM

15. Social Security Number: \_\_\_\_\_

16. Drivers License Number: \_\_\_\_\_ State \_\_\_\_\_ Type \_\_\_\_\_ Exp Date \_\_\_\_\_  
*[Attach photocopy of the front of your drivers license to back of application]*

17. Have you ever had your drivers license suspended or revoked?  Yes  No  
 a. If yes, when and under what circumstance? \_\_\_\_\_  
 \_\_\_\_\_

18. Have you ever had automobile insurance refused, withdrawn, or revoked, or have you ever been required to obtain special risk insurance?  Yes  No  
 a. If yes, provide details: \_\_\_\_\_  
 \_\_\_\_\_

19. Are you a United States citizen?  Yes  No a. If you have been naturalized, state the Date, Name of the Court, and your Certificate Number: \_\_\_\_\_

20. Are you a citizen of Mississippi?  Yes  No a. If yes, for how long? \_\_\_\_\_

21. List chronologically all of your places of residence for the past ten (10) years.

DATES		ADDRESS	CITY	STATE
FROM	TO			

**MILITARY SERVICE**

22. Have you ever served on active duty in the United States military?  Yes  No

a. If yes, what branch of the military ? \_\_\_\_\_ b. Type of discharge: \_\_\_\_\_

c. Dates of service: \_\_\_\_\_ d. Highest Rank: \_\_\_\_\_

e. Military Job Description: \_\_\_\_\_

23. Are you currently in the National Guard or other Reserve Unit?  Yes  No

a. If yes, what branch and where is your Unit located? \_\_\_\_\_

b. Does your pay status require drills, meetings, or camps?  Yes  No

24. If you were ever disciplined in the military, explain circumstances in detail: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

[Attach copy of military discharge]

**EDUCATION / TRAINING**

25. Give date and location of High School or G.E.D. training and date of successful completion of school:

NAME OF HIGH SCHOOL	LOCATION	DATES

26. Give dates and location of college, university, trade, vocational, or other school training:

NAME OF COLLEGE OR UNIVERSITY Include Online Study	LOCATION	DATES	COURSES PURSUED OR FIELD OF STUDY	TYPE DEGREE AND DATE OBTAINED

[Attach diploma from high school or G.E.D. and degree or certificate of last institution of higher education attended]

27. TECHNOLOGY SKILLS Check all skills and software applications you have experience using and state whether you have certificate or degree:

Windows PC User   
  Macintosh User   
  Microsoft Word   
  Microsoft Excel   
  Microsoft Publisher  
 Linux User   
  Unix User   
  Other OS \_\_\_\_\_  
 Fire Department Software (give name of software) \_\_\_\_\_  
 E-Mail   
  Internet   
  Scanner   
  Copier   
  Fax   
  Other (specify) \_\_\_\_\_  
 a. Did your previous employment involve data entry?  Yes  No  
 b. If yes, what percentage of that job was data entry? \_\_\_\_\_  
 c. Do you have experience in radio communications?  Yes  No  
 d. If yes, describe experience: \_\_\_\_\_

28. Have you ever been a certified Firefighter?  Yes  No

a. If yes, in what state, and with what agency: \_\_\_\_\_

29. List any fire related education / training you have had (attach additional paper as necessary)

Name / Subject of Training	Certificate Issued Yes or No	Date	Location of Training

30. Has your fire training certification ever been suspended, revoked, relinquished or subject to discipline or investigation by any local, state, or federal fire certification agency?  Yes  No

a. If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

31. List all claims or lawsuits filed against you or your employing agency based on allegations of negligent or wrongful acts or omissions by you:

Agency	Name of Plaintiff(s)	Date	Court Where Filed

**COURT RECORD**

32. Have you ever been arrested, charged, received a summons to appear, convicted, pled nolo contendere or pled guilty to any criminal violation, regardless if the record was sealed or expunged?  Yes  No

33. Have you ever received a ticket or been charged with a traffic violation?  Yes  No

a. If yes, list Traffic Violations:

DATE	LOCATION	AGENCY	CHARGE	DISPOSITION

34. Have you or your spouse or significant other ever been a party of any civil, criminal, or chancery action in County, Circuit, or Chancery Court?  Yes  No

a. If yes, list details:

DATE	LOCATION & COURT NAME	PARTIES INVOLVED	NATURE OF CASE	DISPOSITION

- 35. Do you now or have you ever illegally obtained, possessed, supplied, or sold any narcotic or controlled substance?  Yes  No
- 36. Do you now or have you ever abused prescription drugs or any narcotic?  Yes  No
- 37. Do you now or have you ever had a problem with alcohol over-consumption?  Yes  No
- 38. Have you ever entered a substance / alcohol abuse treatment program?  Yes  No
  - a. If yes, what year and under what circumstances? \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
  - b. If yes, did you successfully complete the treatment program?  Yes  No
- 39. Have you ever fraudulently received welfare, unemployment or workman's compensation benefits?  Yes  No
  - a. If yes, explain: \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_

**REFERENCES**

40. Give three references (not relatives) who are responsible adults of reputable standing in their communities who have known you well during the past five years.

<b>1</b>	NAME	HOME ADDRESS	HOME PHONE
	OCCUPATION	BUSINESS NAME	BUSINESS PHONE
	NUMBER OF YEARS OF ACQUAINTANCE	BEST DAYTIME PHONE NUMBER	
<b>2</b>	NAME	HOME ADDRESS	HOME PHONE
	OCCUPATION	BUSINESS NAME	BUSINESS PHONE
	NUMBER OF YEARS OF ACQUAINTANCE	BEST DAYTIME PHONE NUMBER	
<b>3</b>	NAME	HOME ADDRESS	HOME PHONE
	OCCUPATION	BUSINESS NAME	BUSINESS PHONE
	NUMBER OF YEARS OF ACQUAINTANCE	BEST DAYTIME PHONE NUMBER	

41. Give three social acquaintances that are in your own age group who have known you well during the past five years.

1	NAME		HOME ADDRESS	HOME PHONE
	OCCUPATION		BUSINESS NAME	BUSINESS PHONE
	NUMBER OF YEARS OF ACQUAINTANCE		BEST DAYTIME PHONE NUMBER	

2	NAME		HOME ADDRESS	HOME PHONE
	OCCUPATION		BUSINESS NAME	BUSINESS PHONE
	NUMBER OF YEARS OF ACQUAINTANCE		BEST DAYTIME PHONE NUMBER	

3	NAME		HOME ADDRESS	HOME PHONE
	OCCUPATION		BUSINESS NAME	BUSINESS PHONE
	NUMBER OF YEARS OF ACQUAINTANCE		BEST DAYTIME PHONE NUMBER	

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**EMPLOYMENT HISTORY**

42. List chronologically all employments beginning with your current or most recent employer.

EMPLOYER / BUSINESS NAME		ADDRESS OF BUSINESS (include City and State)		
JOB TITLE		SUPERVISOR'S NAME	NO. SUPERVISED BY YOU	
DATE EMPLOYED	STARTING SALARY \$            PER	REASON FOR LEAVING	MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO TELEPHONE # _____	
DATE SEPARATED	ENDING SALARY \$            PER	DUTIES:		
FULL OR PART TIME?				

EMPLOYER / BUSINESS NAME		ADDRESS OF BUSINESS (include City and State)		
JOB TITLE		SUPERVISOR'S NAME	NO. SUPERVISED BY YOU	
DATE EMPLOYED	STARTING SALARY \$            PER	REASON FOR LEAVING	MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO TELEPHONE # _____	

## EMPLOYMENT HISTORY CONTINUED

DATE SEPARATED	ENDING SALARY \$            PER	DUTIES:
FULL OR PART TIME?		

EMPLOYER / BUSINESS NAME		ADDRESS OF BUSINESS (include City and State)	
JOB TITLE		SUPERVISOR'S NAME	NO. SUPERVISED BY YOU
DATE EMPLOYED	STARTING SALARY \$            PER	REASON FOR LEAVING	MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO TELEPHONE # _____
DATE SEPARATED	ENDING SALARY \$            PER	DUTIES:	
FULL OR PART TIME?			

EMPLOYER / BUSINESS NAME		ADDRESS OF BUSINESS (include City and State)	
JOB TITLE		SUPERVISOR'S NAME	NO. SUPERVISED BY YOU
DATE EMPLOYED	STARTING SALARY \$            PER	REASON FOR LEAVING	MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO TELEPHONE # _____
DATE SEPARATED	ENDING SALARY \$            PER	DUTIES:	
FULL OR PART TIME?			

EMPLOYER / BUSINESS NAME		ADDRESS OF BUSINESS (include City and State)	
JOB TITLE		SUPERVISOR'S NAME	NO. SUPERVISED BY YOU
DATE EMPLOYED	STARTING SALARY \$            PER	REASON FOR LEAVING	MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO TELEPHONE # _____
DATE SEPARATED	ENDING SALARY \$            PER	DUTIES:	
FULL OR PART TIME?			

EMPLOYER / BUSINESS NAME		ADDRESS OF BUSINESS (include City and State)	
JOB TITLE		SUPERVISOR'S NAME	NO. SUPERVISED BY YOU
DATE EMPLOYED	STARTING SALARY \$            PER	REASON FOR LEAVING	MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO TELEPHONE # _____



## EMPLOYMENT HISTORY CONTINUED

DATE SEPARATED	ENDING SALARY \$            PER	DUTIES:
FULL OR PART TIME?		

EMPLOYER / BUSINESS NAME		ADDRESS OF BUSINESS (include City and State)	
JOB TITLE		SUPERVISOR'S NAME	NO. SUPERVISED BY YOU
DATE EMPLOYED	STARTING SALARY \$            PER	REASON FOR LEAVING	MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO TELEPHONE # _____
DATE SEPARATED	ENDING SALARY \$            PER	DUTIES:	
FULL OR PART TIME?			

EMPLOYER / BUSINESS NAME		ADDRESS OF BUSINESS (include City and State)	
JOB TITLE		SUPERVISOR'S NAME	NO. SUPERVISED BY YOU
DATE EMPLOYED	STARTING SALARY \$            PER	REASON FOR LEAVING	MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO TELEPHONE # _____
DATE SEPARATED	ENDING SALARY \$            PER	DUTIES:	
FULL OR PART TIME?			

**43.** Have you ever applied for and received Worker's Compensation benefits?  Yes  No

**a.** If yes, please provide details, including employer name, nature of injury, date of injury, return to work date, and any current limitations relating to the injury that may affect your ability to perform the essential functions of the position. Use additional paper if necessary.

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44. Please tell us why you want to work at the Amory Fire Department. Include any qualifications, previous training, and abilities that you believe would make you a good candidate for employment in our agency.

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45. If appointed as a member of the Amory Fire Department, are you willing to accept a work assignment on any shift? (NOTE: Unwillingness to accept assignment on any shift may jeopardize potential for employment.)

Yes    No

### Applicant's Certification and Agreement

Please Read Carefully

I understand that all appointments are probationary for a period of twelve months, during which time the employee must demonstrate fitness for continued employment by the Amory Fire Department. I understand that any appointment tendered me will be contingent upon the results of a complete character and fitness investigation, and I am aware that willfully withholding information or making false statements on this application will be the basis of dismissal from the Amory Fire Department, and I agree to these conditions.

I agree to submit to a physical examination by a physician designated for the City and to future physical examinations the City may require as a condition of continued employment. I also agree to a pre-employment alcohol/drug test conducted by a person or entity chosen by the City as well as any future alcohol/drug test the City may require as a condition of continued employment. I understand that employment with the City of Amory Fire Department requires that I comply with all policies and procedures, present and future, as established by the City of Amory and the Fire Department, and I agree that as an at-will employee, my employment and compensation can be terminated at any time, for any reason, with or without notice, at the option of either the City or myself. I further agree upon termination of employment, to return all City property in my possession prior to the last date of employment.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

### APPLICANT'S AFFIDAVIT

*THIS FORM MUST BE NOTARIZED*

STATE OF MISSISSIPPI

COUNTY OF \_\_\_\_\_

Personally came and appeared before me, the undersigned authority in and for said county and state, the within named \_\_\_\_\_ who being by me first duly sworn, states upon his oath that the matters and things set forth in the above and foregoing application for employment are true and correct as therein stated.

\_\_\_\_\_  
Signature of Applicant

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public

My Commission Expires:

SEAL

**AUTHORITY TO RELEASE INFORMATION**

Please read the following release form carefully and enter your signature, address, and the date in the designated spaces. *THIS FORM MUST BE NOTARIZED.*

To Whom It May Concern:

Having made application to the City of Amory Fire Department, and desiring them to be informed of my past record and character whether it be financial, academic, military, medical, employment, judicial, or personal reference, I, the undersigned hereby authorize the release of all such information, privileged or otherwise, to the Amory Fire Department and its representatives, and release all contributing parties of such information from any charges or liability whatsoever because of furnishing said information.

\_\_\_\_\_  
 Signature of Applicant Date Signed

\_\_\_\_\_  
 Address City State

STATE OF MISSISSIPPI

COUNTY OF \_\_\_\_\_

Personally came and appeared before me, the undersigned authority in and for said county and state, the within named \_\_\_\_\_ who acknowledged to me that he/she signed and delivered the above foregoing waiver on the date therein mentioned and for the purpose therein expressed.

\_\_\_\_\_  
 Signature of Applicant

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
 Notary Public

My Commission Expires:

SEAL

\_\_\_\_\_