



Internal Use ONLY	
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EMT-B	
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EMT-P	

## Fire Department

# APPLICATION FOR EMPLOYMENT

**The Application for Employment must be completed in full to be considered for employment with the City of Lincoln Fire Department. A resume/cover letter does not exempt this requirement.**

The City of Lincoln defines an applicant as someone who completes an application for a specific job opening within the allotted time, meets the minimum qualifications, and follows the City's application procedure.

The City of Lincoln is dedicated to providing equal opportunity for employment to all applicants without regard to race, color, religion, creed, gender, national origin, age, disability, marital status, veteran status or other status protected by law with the exception to bona fide occupational qualifications.

The City of Lincoln is E-Verify compliant. If offered employment, you will be required to provide documentation to prove eligibility and must comply with E-Verify and all federal and state immigration laws.

**DISCLAIMER:** The information contained in this application will be considered personal and confidential and used only in conjunction with your possible employment. **Please provide us with complete, truthful information. Any false, misleading or omitted information, whenever discovered, will result in rejection of application and employment or, if you are hired, a termination of your employment.** Please attach any additional information which you believe qualifies you for the position.

If you need assistance or any accommodation in completing this application, please contact Human Resources.

Personal Information	Date of Application		Date Available for Hire		
	Legal First Name		Middle Initial / Preferred Name	Legal Last Name	
	Physical Address		City	State	Zip Code
	Phone Number		Email Address		
	Driver's License #		State of D.L. Issuance	Driver's License Expiry Date	
	Will you be attaching a resume?		Yes	No <input type="checkbox"/>	
	<p><b>Federal laws require that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with such laws, the City of Lincoln will verify the status of every individual offered employment with the City. All offers of employment are subject to verification of the applicant's identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identity and employment authorization.</b></p>				
	<p>Are you legally authorized to work and remain in the United States and in the State of Alabama? Yes <input type="checkbox"/> No <input type="checkbox"/></p>				



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Position Information	Title of the position for which you are applying:	
	Do you currently hold an EMT certification valid in the State of Alabama?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If yes, what is the certification number? (Please attach a copy)	
	Type of Employment Desired	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>
	Days Available:	
	Hours Available:	
	Are you willing to work overtime?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Have you ever been employed by the City of Lincoln?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If yes, which department and when?	

Education	School / College Name and Location (City, State)	Dates Attended		Degree, Certificate, Major, Course, etc. Earned	Graduate?
	High School/GED	From (MM/YY)	To (MM/YY)		Yes <input type="checkbox"/> No <input type="checkbox"/>
	Location				
	College	From (MM/YY)	To (MM/YY)		Yes <input type="checkbox"/> No <input type="checkbox"/>
	Location				
	College	From (MM/YY)	To (MM/YY)		Yes <input type="checkbox"/> No <input type="checkbox"/>
	Location				
	College	From (MM/YY)	To (MM/YY)		Yes <input type="checkbox"/> No <input type="checkbox"/>
Location					
Other (Specify)	From (MM/YY)	To (MM/YY)		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Location					
Other (Specify)	From (MM/YY)	To (MM/YY)		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Location					
Other (Specify)	From (MM/YY)	To (MM/YY)		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Location					



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Additional Training, Certificates, Special Courses, Military Training, etc.

Please list any additional training, certifications, special courses, military training, etc. that you possess.

If you possess any industry or state certifications, skills, or abilities that especially qualify you for this position please supply the certification type and number (i.e. POST – Peace Officer Standards and Training, etc.)

Additional Qualifications

Please list any additional personal skills, licenses, or other qualifications that may be applicable. (i.e. public speaking, martial arts, tactical training, computer skills, programs, etc.)

Employment History

Please list all jobs performed (paid, unpaid, full or part-time, etc.), beginning with the most recent. **DO NOT include MILITARY HISTORY here. If you were in the Armed Forces, only detail the branch and dates in this section.**

Employer/Business	Telephone Number	Job Duties
Address	Date Started (MM/YY)	
Job Title	Date Ended (MM/YY)	
Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Paid Work <input type="checkbox"/> Unpaid Work <input type="checkbox"/>	Hourly Rate/Salary	
Reason for Leaving	Ending Hourly Rate/Salary	
Supervisor's Name and Phone Number	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	



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Employment History Continued

Employer/Business	Telephone Number	Job Duties
Address	Date Started (MM/YY)	
Job Title	Date Ended (MM/YY)	
Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Paid Work <input type="checkbox"/> Unpaid Work <input type="checkbox"/>	Hourly Rate/Salary	
Reason for Leaving	Ending Hourly Rate/Salary	
Supervisor's Name and Phone Number	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Employer/Business	Telephone Number	Job Duties
Address	Date Started (MM/YY)	
Job Title	Date Ended (MM/YY)	
Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Paid Work <input type="checkbox"/> Unpaid Work <input type="checkbox"/>	Starting Hourly Rate/Salary	
Reason for Leaving	Ending Hourly Rate/Salary	
Supervisor's Name and Phone Number	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Employer/Business	Telephone Number	Job Duties
Address	Date Started (MM/YY)	
Job Title	Date Ended (MM/YY)	
Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Paid Work <input type="checkbox"/> Unpaid Work <input type="checkbox"/>	Hourly Rate/Salary	
Reason for Leaving	Ending Hourly Rate/Salary	
Supervisor's Name and Phone Number	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Employer/Business	Telephone Number	Job Duties
Address	Date Started (MM/YY)	
Job Title	Date Ended (MM/YY)	
Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Paid Work <input type="checkbox"/> Unpaid Work <input type="checkbox"/>	Hourly Rate/Salary	
Reason for Leaving	Ending Hourly Rate/Salary	
Supervisor's Name and Phone Number	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	



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<b>Military Service</b>	Please list military service, beginning with the most recent. Include all deployments, listing the location of your deployment under 'Duty Station and Unit'.	
	Branch	Duty Station and Unit
	MOS	Date Started (MM/YY)
	Active <input type="checkbox"/> Reserves <input type="checkbox"/> National Guard <input type="checkbox"/>	Date Ended (MM/YY)
	Branch	Duty Station and Unit
	MOS	Date Started (MM/YY)
	Active <input type="checkbox"/> Reserves <input type="checkbox"/> National Guard <input type="checkbox"/>	Date Ended (MM/YY)
	Branch	Duty Station and Unit
	MOS	Date Started (MM/YY)
Active <input type="checkbox"/> Reserves <input type="checkbox"/> National Guard <input type="checkbox"/>	Date Ended (MM/YY)	

<b>References</b>	Please list three (3) professional references who can provide information verifying qualifications, character, and/or work experience.	
	Name and Title	Phone Number
	Name and Title	Phone Number
	Name and Title	Phone Number

<b>Relatives in Employment</b>	Are you a relative of any employee who works for the City of Lincoln, AL? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>
	If yes, list the name(s), relationship, and the position of the relative(s):
	Name of Employee and Relationship
	Name of Employee and Relationship
	Name of Employee and Relationship

<b>Felony Conviction(s)</b>	Conviction is not necessarily disqualifying. Give the facts and dates of your conviction(s) below.
	Have you ever been convicted of any offense other than a minor traffic violation? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>
	If yes, explain:

Please use an additional sheet if required.



## **Applicant's Consent and Agreement**

**Please read carefully before signing below. I signify that I understand and voluntarily agree that:**

1. The information that I have provided on this application is complete, true to the best of my knowledge and made in good faith. Any false, misrepresentation, or omission of any fact in my application, resume, or any other materials, or during the application or any interviews, when discovered, can result in a rejection of employment or, if hired, a termination of employment. In addition, you may no longer be considered for future employment with the City of Lincoln Fire Department.

2. Unless indicated "no", the City of Lincoln may contact former employers identified in this Application for Employment to provide the City with any information that may be pertinent to the application. I understand and authorize the City of Lincoln to verify all the information provided by me or procure or have prepared a background report for this purpose concerning, among other things, my prior employment or military record, education, character, general reputation, personal characteristics, criminal record, and mode of living. I understand that upon written request to my employer, I will be informed of whether a background report was requested and given full information as to the nature and scope of this investigation. I consent to the release of all such information to the City, and I release each person, school, employer, or agency from any liability or damage related in any way to the furnishing of such information.

3. I understand that the City of Lincoln is a drug-free workplace, and that persons hired in certain job classifications are required to undergo a physical examination and a drug/alcohol test before beginning work for the City and at any time specified by the City of Lincoln's Substance Abuse Policy. I also understand and agree that, if employed, I may be required to submit to alcohol or drug screening at any time when my employer determines that a reasonable cause exists. I understand that any offer of employment for these jobs is conditioned upon satisfactory completion of the physical examination and/or drug/alcohol test.

4. I understand that if I am hired by the City of Lincoln, the terms and conditions of my employment are governed by the City's policies, rules, regulations, and procedures. I agree to comply with the policies, rules, regulations, and procedures of the City of Lincoln. Further I understand that no representative of the City of Lincoln has the authority to enter into an employment agreement with me except elected or appointed officials of the City of Lincoln who have the authority to hire, employ, and dismiss employees according to the provisions of local law.

5. I understand that my employment with the City is voluntarily entered into, and that I am free to resign at any time, with or without cause. Similarly, the City may terminate the employment relationship, so long as there is no violation of applicable law. I further understand that no representative of the City of Lincoln has the authority to enter into an employment agreement with me except elected or appointed officials of the City of Lincoln who have the authority to hire, employ, and dismiss employees according to the provisions of local law.

6. Any offer of employment I may receive from the City of Lincoln is contingent upon my successful completion of the City's total pre-employment screening process, including the receiving of satisfactory references, and my satisfactory completion of any post-job offer/pre-employment physical examination that the City may require.

7. I understand that once I submit this Application for Employment, the application becomes the property of the City of Lincoln and that my application may be considered public record subject to the disclosure to the public.

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**Signature of Applicant**

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**Date**

**The City of Lincoln is dedicated to providing equal opportunity for employment to all applicants without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status. Women, minorities, people with disabilities and veterans are strongly encouraged to apply.**