



2010 Fire Fighter Recruitment

www.bravethefire.com

Salary: \$29,506 per year

Application Packets will be accepted

Monday, July 12, 2010 through Friday, July 30, 2010 5:00 pm EST.

You must turn in a completed Application Packet before the end of the posting period or you will not be considered for this position. The Application Packet must be submitted to the Human Resource Development Department, located at 433 Hay Street, Fayetteville, NC 28301, no later than 5:00pm, Friday, July 30, 2010.

For out of state candidates, Application Packets must be postmarked on or before July 30, 2010.

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

The City of Fayetteville is currently seeking certified and non-certified candidates to attend a Fire Fighter Training Academy to be conducted by the Fayetteville Fire Training Division. Candidates who successfully complete the recruitment process will be placed on an eligibility list that will be used to fill future job vacancies. Expiration date of the eligibility list is TBD (to be determined). Candidates must be available for hire upon receipt of a contingent offer in order to be considered.

Position Requirements:

- Must be 19 years of age prior to **July 30, 2010**.
- Must be eligible to work in the United States.
- Must have **no felony and limited misdemeanor** convictions.
- Must possess a valid North Carolina driver's license within 30 days of employment.
- Must have been licensed to drive for a minimum of one year, with no loss of license within the past year and an acceptable driving record in accordance with the City of Fayetteville Driving Standard.
- Must be in good physical condition as required by the essential job functions and be willing to submit to drug screening and a complete physical (upon conditional offer of employment and while employed).
- Must be able to meet standards for NC EMT certification within one year of employment.
- Must be able to sign up for physical agility testing at the time of Application Packet submission.

The Application Packet must include:

- Completed Application
- Completed Application Supplement Sheet
- Completed & Signed Authorization to Release Information Sheet
- Signed acknowledgment of compliance with the City of Fayetteville Driving Standard form.
- Original High School Diploma or a notarized copy **or** GED certificate meeting the minimum state standards.
- Original certified birth certificate or a notarized copy.
- For candidates with an out-of-state drivers license or who have held an out-of-state drivers license within the past 3 years, you must obtain a certified 3-year DMV drivers license history from the appropriate state. (This must be received no later than Friday, August 13, 2010)
- If applicable, copy of DD-214, military discharge form.
- If currently in the military, provide a letter from the military indicating ETS date.

Essential Job Duties:

1. Respond to emergency and non-emergency incidents; provide appropriate services as required including emergency rescue and fire suppression; perform search and rescue for trapped or injured persons; perform emergency medical and first aid services as needed; prepare reports regarding emergency incidents as assigned.
2. Drive fire apparatus and/or operate fire apparatus on emergency calls or at incident scene.
3. Operate numerous types of rescue, emergency and fire suppression equipment and apparatus as necessary; operate, inspect, repair and perform other technical tasks related to maintaining the apparatus, equipment, and facilities in the area of assignment.
4. Participate in cleaning and maintaining facilities, grounds, equipment and apparatus; ensure that appropriate conditions are maintained at assigned facility; ensure that all equipment and apparatus is in a constant state of readiness for emergency calls.
5. Participate in a variety of fire prevention operations, activities and programs including training, fire investigations; code enforcement and equipment operation and maintenance; participate in activities and operations in response to natural disasters, major accidents, incidents involving hazardous materials, and other emergency situations; identify, analyze and avoid hazardous and dangerous situations.
6. Respond to a variety of hazardous materials incidents; to perform defensive or offensive activities which will be dependent upon levels of certification in accordance with state and federal regulations; maintain knowledge and training about hazardous materials.
7. Study street and occupancy locations in assigned district; study building plans and fire prevention systems in buildings in assigned district.
8. Assist with transportation of patients to medical care facilities; evaluate the condition of patients and assess pertinent information about medical profile and injuries; determine treatment in accordance with EMT training; maintain contact with medical facility to prepare for patient arrival.
9. Participate in a variety of activities requiring travel including off-site inspections; respond to incidents on an on-call basis and under emergency conditions.
10. Provide staff support and assistance as required including a variety of boards; coordinate community workers with work details
11. Use departmental computer equipment to input, review and access records, information and other various data.
12. Give tours of assigned facility, demonstrate fire equipment and apparatus, and participate in other educational programs for various groups and general public pertaining to a variety of life safety topics.
13. Assist in the snow and ice removal operations and activities.
14. Conduct fire suppression training classes.
15. Operate rescue vehicle and related equipment; clean and maintain supplies, materials and equipment aboard rescue vehicles; submit requisitions for additional materials and supplies as necessary.
16. Prepare emergency medical incident reports regarding patient and incident information.
17. Perform inspection and maintenance on fire hydrants in accordance with Fire/Emergency Management Department policy.
18. Perform other related job duties and related job tasks as assigned by upper level supervisory staff.

NOTE: Candidates must be able to perform all of the essential functions of the complete job description, unassisted, at a pace and performance level consistent with the bona-fide occupational qualification (BFOQ) requirements. This requires a high level of physical ability to include vision, hearing, speaking, flexibility, strength, etc.



Employment Application

433 Hay Street Fayetteville, NC 28301
 Office: (910)433-1023 / Fax: (910)433-1055
 Employment Website:
<http://agency.governmentjobs.com/fayetteville>

An Equal Opportunity Employer

Application Date (mm-dd-yy)

PRINT OR TYPE ALL INFORMATION

Section 1 – IDENTIFYING DATA

Position Applied for (Include Position Number):			Last 4 of your Social Security Number XXX – XX –		
First Name	MI	Last Name		Maiden Name	
Street Address or P.O. Box			City		Zip Code
Home Phone	Alternate Phone Number		Date of Birth (MO / DAY / YR)		XXXX
E-mail Address:					
Driver's License: Is driver's license presently restricted, suspended, or revoked?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Driver's License Number	State				
Class (A, B or C)	Expiration Date (MO / DAY / YR)				
Can you, after employment submit proof of your legal right to work in the United States?					<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 2 – PERSONAL

If you possess a commercial drivers license, please list any endorsements you currently hold: (ex: Passenger endorsement, Airbrake endorsement)

Have you ever been convicted of a misdemeanor or felony (include any convictions by military trial)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain fully on an additional sheet.
(A "yes" response does not automatically disqualify you from employment. The offense and how recently you were convicted will be evaluated in relation to the job for which you are applying. Please explain in detail in space provided below. Failure to list convictions will result in disqualification from the hiring process or discharge from the City of Fayetteville employment).		

Please list prior addresses for the past ten years? If more than 7 addresses in the past ten years, please attach an additional sheet.

ADDRESS	CITY	STATE	ZIP CODE

Are you a previous City of Fayetteville employee? Yes No If yes, please list dates of employment:

Are you currently working at the City of Fayetteville as a temporary employee? Yes No

Are you seeking reinstatement to the same or similar position? Yes No Explain:

Are you related by blood or marriage to a person now employed by the City of Fayetteville? Yes No If yes, please indicate:

Name: Relationship: Department:

Section 3 – MILITARY SERVICE

Have you served honorably in the Armed Forces of the United States on active duty for reasons other than training? Yes No

Give dates of active military service: Entered: _____ Separated: _____ Branch: _____ Rank: _____

Are you a member of the Military Reserves? Yes No

Section 4 – AVAILABILITY

What types of job are you looking for? Regular Temporary Seasonal Internship

What types of work you will accept? Full Time Part Time Per Diem

What shifts are you available to work? Day Evening Night Rotating Weekends On Call (as needed)

Please indicate your referral source: Newspaper City of Fayetteville Website Career Builder Monster.com

Matchforce.org Job Fair Other

If other referral source (please specify): _____

If selected for this position, how soon can you begin employment? As soon as possible Two week notice Need more notice

If you are not available for work now, enter the earliest date you could begin work? _____

Section 4 – EDUCATION

Select the highest grade completed: 1 2 College Recieved Graduate School Years Completed

High School Name: _____ Complete Mailing Address: _____ Dates Attended (mo/yr) From: _____ To: _____ Graduated? Yes No

Name(s) and location(s) of Colleges or Universities attended: ***** Complete mailing addresses needed *****	Dates Attended (Mo/Yr) From: _____ To: _____	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	S/Q Hrs.	Major/Minor Course Work	Degree Received
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			

Other educational, vocational schools, or internships, etc. attended:

	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Special training programs and seminars you have completed in the last five years (list):

If the job(s) applied for calls for **specific courses**, indicate those courses taken and credits received:

Equipment Skills - List any size and type of equipment you operate, including office, computers, vehicles, construction, etc.:

Current professional status: (List fields of work for which you have been registered).

Registration: _____ State: _____

Registration: _____ State: _____

Membership in professional, honorary, or technical societies (list):

Licenses and certifications (List, giving dates and sources of issuance):

Section 5 – WORK HISTORY (Attach additional work history sheets, if you need to.)

***** Last 10 years – List in order, beginning with the most recent job all periods of employment, gaps in employment, and or volunteer work *****

Current or Last Employer:		Address:		Telephone Number:	
Job Title:		Supervisor's Name:		No. Supervised by you:	
Date Employed (mo/yr):	Starting Salary:	Ending or Current Salary:	Reason for Leaving:		May we contact Employer?
	\$ Per	\$ Per			<input type="checkbox"/> Yes <input type="checkbox"/> No
Date Separated (mo/yr)	List major duties in order of their importance in the job:				
Full Time	Years	Months			
Part Time	Years	Months			
If part time, number of hours worked per week:					

Current or Last Employer:		Address:		Telephone Number:	
Job Title:		Supervisor's Name:		No. Supervised by you:	
Date Employed (mo/yr):	Starting Salary:	Ending or Current Salary:	Reason for Leaving:		May we contact Employer?
	\$ Per	\$ Per			<input type="checkbox"/> Yes <input type="checkbox"/> No
Date Separated (mo/yr)	List major duties in order of their importance in the job:				
Full Time	Years	Months			
Part Time	Years	Months			
If part time, number of hours worked per week:					

Current or Last Employer:		Address:		Telephone Number:	
Job Title:		Supervisor's Name:		No. Supervised by you:	
Date Employed (mo/yr):	Starting Salary:	Ending or Current Salary:	Reason for Leaving:		May we contact Employer?
	\$ Per	\$ Per			<input type="checkbox"/> Yes <input type="checkbox"/> No
Date Separated (mo/yr)	List major duties in order of their importance in the job:				
Full Time	Years	Months			
Part Time	Years	Months			
If part time, number of hours worked per week:					

Section 5 – WORK HISTROY (continued)

**** Last 10 years – List in order, beginning with the most recent job all periods of employment, gaps in employment, and or volunteer work ****

Current or Last Employer:			Address:			Telephone Number:		
Job Title:			Supervisor's Name:			No. Supervised by you:		
Date Employed (mo/yr):		Starting Salary:		Ending or Current Salary:		Reason for Leaving:		May we contact Employer?
		\$ Per		\$ Per				<input type="checkbox"/> Yes <input type="checkbox"/> No
Date Separated (mo/yr)			List major duties in order of their importance in the job:					
Full Time	Years	Months						
Part Time	Years	Months						
If part time, number of hours worked per week:								

Current or Last Employer:			Address:			Telephone Number:		
Job Title:			Supervisor's Name:			No. Supervised by you:		
Date Employed (mo/yr):		Starting Salary:		Ending or Current Salary:		Reason for Leaving:		May we contact Employer?
		\$ Per		\$ Per				<input type="checkbox"/> Yes <input type="checkbox"/> No
Date Separated (mo/yr)			List major duties in order of their importance in the job:					
Full Time	Years	Months						
Part Time	Years	Months						
If part time, number of hours worked per week:								

Current or Last Employer:			Address:			Telephone Number:		
Job Title:			Supervisor's Name:			No. Supervised by you:		
Date Employed (mo/yr):		Starting Salary:		Ending or Current Salary:		Reason for Leaving:		May we contact Employer?
		\$ Per		\$ Per				<input type="checkbox"/> Yes <input type="checkbox"/> No
Date Separated (mo/yr)			List major duties in order of their importance in the job:					
Full Time	Years	Months						
Part Time	Years	Months						
If part time, number of hours worked per week:								

Section 6 – LIST THREE PROFESSIONAL REFERENCES

Name	Address	Occupation	# Mo/Yrs known	Telephone
1.				
2.				
3.				

PLEASE READ BEFORE SIGNING

I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event that confirmation is needed in connection with my work, I authorize educational institutions, associations, registration and licensing boards, and others to furnish the City of Fayetteville whatever detail is available concerning my qualifications. I authorize the City of Fayetteville to investigate all statements made in this application and understand that false information or documentation, or failure to disclose relevant information may be grounds for rejection of my application.

I also understand that employment is conditional until results of health evaluations are known as related to essential job functions and until information given by me on my application has been verified. I certify and acknowledge that I meet minimum age requirements of applicable laws by the City of Fayetteville policy. If required, I will complete a Surety Bond Application. I will accept travel assignments when job duties so require. I will work overtime and other than standard shift hours when job duties so require. As part of the Drug Free Workplace Act, I agree to submit to drug and alcohol screening tests when required upon a conditional offer of employment and during employment. I will participate in the Direct Payroll Deposit program as a condition of employment.

I further authorize the City of Fayetteville and its representatives to perform any criminal records checks that may be required as part of this application process. I understand and acknowledge that, unless otherwise defined by applicable law, my employment relationship with the City of Fayetteville is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless an authorized executive of the City of Fayetteville specifically acknowledges such change in writing. I hereby release the City of Fayetteville and its directors, elected officials, employees and assigns from any and all liability or damage that may result from furnishing the requested information.
The City of Fayetteville is an Equal Opportunity Employer.

Signature of Applicant (Unsigned applications will not be processed)

Date

Print Name

City of Fayetteville

Fire Fighter Application Supplement Sheet

In the space below, please include any Firefighting experience to include volunteer work. Provide name of fire station, dates of service, address and contact information. If this question does not apply to you please indicate "N/A."

LIST FIREFIGHTING EXPERIENCE				
Name	Address	Occupation	# Mo/Yrs known	Telephone
1.				
2.				
3.				

In space provided below, provide at least three personal references. Failure to provide this required information will result in your application not being considered for this position.

LIST THREE PERSONAL REFERENCES				
Name	Address	Occupation	# Mo/Yrs known	Telephone
1.				
2.				
3.				



Affirmative Action Information

Notice: The information requested below will in no way affect you as an applicant. The information is requested on a **VOLUNTARY** basis. Data collected will be used for statistical reporting purposes in the Human Resource Development Department, and to see how well recruitment efforts are reaching all segments of the population.

Date _____

Print Name _____
Last First Middle

Gender Male Female

Date of Birth _____
Month Day Year

Race or Ethnic Identity Groups: (Check one)

- White (not of Hispanic or Latino)
- Black or African American/Black (Not Hispanic or Latino)
- American Indian/Alaskan Native
- Native Hawaiian or Pacific Islander (Not Hispanic or Latino)
- Asian
- Hispanic or Latino
- Two or More Races (Not Hispanic or Latino)

DISABILITY: Disability means, with respect to an individual: (1) a physical or mental impairment that substantially limits one or more of the major life activities of such individual; (2) a record of such an impairment; or (3) being regarded as having such an impairment, (Americans with Disabilities Act of 1990). Persons without a disability should check item A. The reporting of a disability is **strictly voluntary**. Persons with disabilities who **DO NOT WISH** to report their disabilities should check item A. Information reported on this form will be kept confidential as required by State law. Public disclosure of this information without your consent would be a violation of North Carolina Law.

- A None/Prefer not to report
- B Blind or severely visually
- C Deaf or severely Hearing impaired
- D Loss of limited use of arms and/or hands
- E Non-ambulatory (must use wheelchair)
- F Other orthopedic impairment (including amputation, arthritis, back injury, cerebral palsy, spina bifida, etc.
- G Respiratory
- H Nervous system/Neurological disorder
- I Mentally restored
- J Mental retardation
- K Learning disability
- L Others (heart disease, diabetes, speech impairment).
- M Other (please specify)

City of Fayetteville Standard Procedure #113: Driving Standard Acknowledgement of Compliance

The following criteria shall be applied in determining the driving status of job applicants and for evaluation of the appropriate driving status of current city employees. Any one of the following constitutes an unacceptable driving record:

1. One conviction of driving while intoxicated, impaired, or under the influence of drugs within the last three (3) years. (N.C.G.S. 20-138)
2. One conviction of careless and reckless driving (if the conviction is a result of a reduction from a charge of driving while intoxicated, impaired or under the influence of drugs or alcohol) or prearranged racing on streets and highways within the last three (3) years. (N.C.G.S. 20-140)
3. Two convictions of exceeding by more than 15 miles per hour the speed limit if also driving in excess of 55 miles per hour within the last three (3) years. (N.C.G.S. 20-141)
Examples: 81 mph in a 65 mph zone; 71 mph in a 55 mph zone; and 56 mph in a 35 mph zone.
4. One conviction of involuntary manslaughter involving an automobile or death by vehicle within the last three (3) years. (N.C.G.S. 20-141.4)
5. A judicial determination that one was guilty of any combination of four (4) or more moving violations or determined to be at-fault in four (4) or more automobile accidents within the past three (3) years.
6. A judicial determination that one was guilty of any combination of three (3) or more moving violations or determined to be at-fault in three (3) or more automobile accidents within the past year.
7. A revocation or suspension of driving license within the last year. (Note that a summary 10-day license revocation shall result in a temporarily unacceptable driving record. Final action shall be deferred until such time as the resolution of the infraction or violation which caused the summary 10-day license revocation is known.) (N.C.G.S. 20-16.5)

I agree that I have read and understand the above listed City of Fayetteville Driving Standard and my signature below indicates that my current driving history is in compliance with these standards.

I also understand that I must be able to obtain and maintain an appropriate Emergency Medical Technician (EMT) certification as a condition of employment and acknowledge that the criteria for obtaining an EMT may be more stringent than the City standards. I further understand that my failure to fully comply with these standards will result in my immediate removal from consideration from this position.

SIGNATURE

DATE

Fire Fighter Trainee

POSITION TITLE