



BATESVILLE FIRE DEPARTMENT

P. O. BOX 689
132 Van Voris Street
BATESVILLE, MS 38606

TO THE APPLICANT:

The Successful Applicant for Firefighter for the city of Batesville MUST:

- a) Be at least 18 years of age and be willing to work any shift assigned including nights, weekends and or holidays.
- b) You must be a high school graduate or have a G.E.D. and provide a copy of your diploma or certificate with the application packet.
- c) Capable of passing the required pre-employment physical agility test. (Firefighters with current 1001-I-II certification are not required to take the pre-employment physical test).
- d) You must be physically and mentally able to perform the duties of a firefighter; and to successfully complete the requirements of the Mississippi Minimum Standards Board for full-time firefighters.
- e) You must pass an extensive background check including personal reputation, work history, education verification, driving record and other areas.
- f) Clear Criminal history.
- g) Pass a pre-employment drug screen test.
- h) Applicant must have a valid MS Driver's License

Any applicant who is aware that they cannot meet the above requirements should not apply.

I certify that to the best of my knowledge I am qualified for the position of firefighter with the City of Batesville.

Applicant's signature _____

Date _____

*** RETURN FORM WITH APPLICATION***

**BATESVILLE FIRE DEPARTMENT
COMMUNICATIONS INFORMATION**

THE FOLLOWING ADDRESS WILL BE USED BY US TO INFORM YOU OF YOUR STATUS WITH THE SCREENING PROCESS. IT IS YOUR RESPONSIBILITY TO PUT A CORRECT AND ACCURATE ADDRESS ON THIS FORM. PLEASE PRINT THE INFORMATION CLEARLY. FAILURE TO DO SO WILL RESULT IN THE TERMINATION OF YOUR ELIGIBILITY!!

NAME _____

STREET OR P.O. BOX _____

CITY _____

ZIP CODE _____

TELEPHONE NUMBER _____

BATESVILLE FIRE DEPARTMENT

RELEASE FORM

I _____ AM VOLUNTARILY APPLYING FOR A POSITION WITH THE BATESVILLE FIRE DEPARTMENT, BATESVILLE MISSISSIPPI. AND AM VOLUNTARILY CONSENTING TO A PHYSICAL AGILITY DRILL TO BE ADMINISTERED BY OR UNDER THE DIRECTION OF BATESVILLE FIRE DEPARTMENT PERSONNEL.

I FURTHER UNDERSTAND THAT MY PARTICIPATING IN THIS AGILITY DRILL IS NECESSARY FOR ME TO BE CONSIDERED FOR A POSITION WITH THE BATESVILLE FIRE DEPARTMENT.

I KNOW OF NO MEDICAL REASON OR CONDITION OF ANY KIND PAST OR PRESENT THAT WOULD PREVENT ME FROM UNDERTAKING THIS PHYSICAL AGILITY DRILL.

I FURTHER AGREE TO HOLD HARMLESS THE BATESVILLE FIRE DEPARTMENT, ITS AGENTS, AND EMPLOYEES AND FURTHER WAIVE ANY LIABILITY ON MY BEHALF AS AGAINST THE CITY OF BATESVILLE, ITS AGENTS, OR EMPLOYEES IN THE OPERATION AND IMPLEMENTATION OF THIS PHYSICAL AGILITY DRILL.

SIGNED: _____ DATE: _____

WITNESS: _____ DATE: _____

IN CASE OF EMERGENCY THE BATESVILLE FIRE DEPARTMENT IS AUTHORIZED TO CONTACT:

NAME _____

PHONE NUMBER _____

ADDRESS _____

TO WHOM IT MAY CONCERN: I am an applicant for a position with the Batesville Fire Department. The department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history to be disclosed to the above department.

I hereby authorize any representative of the Batesville Fire Department bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof concerning myself, to any duly authorized agent of the Batesville Fire Department, whether said records are of a public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provided pertinent data for the Batesville Fire Department to consider in determining my suitability for employment in that department. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service, my work records, education records, my financial status, my criminal history record, including arrest records any information in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had any interest, attendance records polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including liability or damage pursuant to any state or federal laws. I hereby release you, as the officers, employees' representatives, or related personnel, both individually and collectively, from all liability for damages of whatever nature, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the Batesville Fire Department regardless of any agreement I may have made with you previously to the contrary.

The public service organization requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the Batesville Fire Department's acceptance and processing of my application for employment, I agree to hold the Batesville Fire Department, its agents, and employees harmless from all claims and liability associated with my application for employment or in any way connected with the decision whether to employee me with the Batesville Fire Department. I understand that should information of a serious criminal nature surface because of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552A, The Privacy Act of 1974, about access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Batesville Fire Department in conjunction with employment procedures.

A photocopy or FAX copy of this release form will be valid as an original thereof, even though the said photocopy or FAX copy does not contain an original wiring of my signature.

Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees from and against all claims, damages, losses, and expenses, including reasonable attorney's fees arising out of or by reason of complying with this request.

(Applicant's signature and date)

(Applicant's current mailing address)

(Applicants Telephone number)

(Applicant's Date of Birth)

(Applicant's Social Security Number)

EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

It is our policy to comply fully with all federal, state and local equal employment opportunity laws. This organization provides equal employment and advancement opportunities for all persons regardless of race, creed, sex, national origin, age, religion, disability, marital status, sexual orientation or any other classification protected by law.

Employees of this organization are selected in order to accomplish the legal and operational duties established by statute and by the policy choices of the organization's elected officials. Each employee is expected to conduct him / herself in a manner which reflects favorably upon the organization and recognize that our employees are subject to additional public scrutiny in their public and personal lives.

PLEASE PRINT IN INK

NAME (As it appears on
Social Security Card / Work
Permit Card)

Last

First

M.I.

SOCIAL SECURITY NUMBER

ADDRESS

CITY, STATE, ZIP

HOME TELEPHONE

MESSAGE CONTACT

Name

Area Code Number

DAYTIME TELEPHONE

ARE YOU AT LEAST 18 YEARS OLD?
IF APPLYING FOR LAWENFORCEMENT
ARE YOU AT LEAST 21 YEARS OLD?

☐ YES ☐ NO

☐ YES ☐ NO

OTHER NAMES YOU
HAVE USED:

POSITION
APPLIED FOR:

SALARY
REQUIREMENTS:

\$

REFERRED FOR THIS
POSITION BY:

DATE
AVAILABLE:

HAVE YOU EVER BEEN
EMPLOYED BY THIS ORGANIZATION? ☐ NO ☐ YES WHEN? DEPARTMENT:

SUPERVISOR:

REASON FOR LEAVING:

HAVE YOU EVER BEEN CONVICTED OF A
FELONY? ☐ NO ☐ YES
If Yes, Give location, date, charge and
disposition of case(s) on a separate page

IF APPLYING FOR LAW ENFORCEMENT, HAVE
YOU EVER BEEN CONVICTED OF ANY
CRIME. ☐ NO ☐ YES
If Yes, Give location, date, charge and
disposition of case(s) on a separate page

IF APPLYING FOR A POSITION WHICH
REQUIRES DRIVING A VEHICLE, PLEASE
PROVIDE THE FOLLOWING INFORMATION:

I HAVE A VALID DRIVER'S LICENSE
☐ YES ☐ NO

D.L.# _____

STATE _____

CAN YOU, IF HIRED, SUBMIT
VERIFICATION OF YOUR LEGAL RIGHT TO
WORK IN THE UNITED STATES?

☐ YES ☐ NO

ARE YOU RELATED TO ANY CURRENT
EMPLOYEE OF THE CITY OF BATESVILLE?
☐ YES ☐ NO

If yes, list their name and department.

U.S. MILITARY SERVICE

If you have served in the U.S. Military, please provide the following information:

Branch of Service

From: _____ To: _____
Dates Served Type of Discharge

EDUCATION / SKILLS

EDUCATIONAL LEVEL	NAME	CITY	STATE	CIRCLE YRS. COMPLETED	UNITS COMPLETED	DEGREE	MAJOR
HIGH SCHOOL				9 10 11 12			
COMMUNITY or JUNIOR COLL				1 2			
				1 2			
BUSINESS or TRADE SCHOOL				1 2			
COLLEGE or UNIVERSITY				1 2 3 4			
				1 2 3 4			
				1 2 3 4			
GRADUATE SCHOOL							

COMPUTER SOFTWARE SKILLS

COMPUTER SOFTWARE	Name of Software	Your Proficiency With The Software
Word Processing		<input type="checkbox"/> Skilled <input type="checkbox"/> Competent <input type="checkbox"/> Familiar
Spreadsheet		<input type="checkbox"/> Skilled <input type="checkbox"/> Competent <input type="checkbox"/> Familiar
Database		<input type="checkbox"/> Skilled <input type="checkbox"/> Competent <input type="checkbox"/> Familiar
Other		<input type="checkbox"/> Skilled <input type="checkbox"/> Competent <input type="checkbox"/> Familiar

LICENSES / CERTIFICATIONS / ORGANIZATIONS

PROFESSIONAL LICENSES and CERTIFICATIONS (Job Related)	TYPES OF LICENSES and CERTIFICATES	DATE ISSUED	REGISTRATION NUMBER	STATE	EXPIRES MO / YR

PROFESSIONAL, SCHOLASTIC and OTHER ORGANIZATIONS (Job Related)	NAME	DATE	NAME	DATE

Exclude memberships that indicate your race, religion, color, national origin, ancestry, sex, age, disability or veteran status

JOB RELATED TRAINING

NAME OF COURSE	YEAR COMPLETED	NAME OF COURSE	YEAR COMPLETED

EMPLOYMENT HISTORY

THIS PORTION OF THE APPLICATION MUST INCLUDE A MINIMUM OF 10 YEAR WORK HISTORY AND MUST BE COMPLETED EVEN IF SUPPLEMENTED BY A RESUME

LIST YOUR MOST RECENT EMPLOYER FIRST INCLUDING U.S. MILITARY SERVICE AND UNPAID OR VOLUNTEER WORK.
BASE SALARY DOES NOT INCLUDE OVERTIME, BONUSES OR COMMISSIONS.

FROM (Mo/Yr) _____ TO (Mo/Yr) _____ TOTAL _____ YRS _____ MOS. YOUR POSITION _____
EMPLOYER: _____ YOUR SUPERVISOR _____
ADDRESS: _____ PHONE _____
TYPE OF BUSINESS _____ REASON FOR LEAVING _____
BASE SALARY _____ / _____ ☐ MONTHLY ☐ WEEKLY ☐ HOURLY OTHER COMPENSATION, BONUSES _____
START FINAL
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES _____

FROM (Mo/Yr) _____ TO (Mo/Yr) _____ TOTAL _____ YRS _____ MOS. YOUR POSITION _____
EMPLOYER: _____ YOUR SUPERVISOR _____
ADDRESS: _____ PHONE _____
TYPE OF BUSINESS _____ REASON FOR LEAVING _____
BASE SALARY _____ / _____ ☐ MONTHLY ☐ WEEKLY ☐ HOURLY OTHER COMPENSATION, BONUSES _____
START FINAL
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES _____

FROM (Mo/Yr) _____ TO (Mo/Yr) _____ TOTAL _____ YRS _____ MOS. YOUR POSITION _____
EMPLOYER: _____ YOUR SUPERVISOR _____
ADDRESS: _____ PHONE _____
TYPE OF BUSINESS _____ REASON FOR LEAVING _____
BASE SALARY _____ / _____ ☐ MONTHLY ☐ WEEKLY ☐ HOURLY OTHER COMPENSATION, BONUSES _____
START FINAL
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES _____

FROM (Mo/Yr) _____ TO (Mo/Yr) _____ TOTAL _____ YRS _____ MOS. YOUR POSITION _____
EMPLOYER: _____ YOUR SUPERVISOR _____
ADDRESS: _____ PHONE _____
TYPE OF BUSINESS _____ REASON FOR LEAVING _____
BASE SALARY _____ / _____ ☐ MONTHLY ☐ WEEKLY ☐ HOURLY OTHER COMPENSATION, BONUSES _____
START FINAL
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES _____

FROM (Mo/Yr) _____ TO (Mo/Yr) _____ TOTAL _____ YRS _____ MOS. YOUR POSITION _____
EMPLOYER: _____ YOUR SUPERVISOR _____
ADDRESS: _____ PHONE _____
TYPE OF BUSINESS _____ REASON FOR LEAVING _____
BASE SALARY _____ / _____ ☐ MONTHLY ☐ WEEKLY ☐ HOURLY OTHER COMPENSATION, BONUSES _____
START FINAL
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES _____

(ATTACH ADDITIONAL PAGE IF NECESSARY)

EXPLANATION OF INTERRUPTIONS IN EMPLOYMENT HISTORY

Please use this space to explain employment history interruptions since high school that do not pertain to pregnancy, child care, disability or any other protected activity.

(ATTACH ADDITIONAL PAGE IF NECESSARY)

REFERENCES

NAME _____
ADDRESS _____
CITY, STATE, ZIP _____
DAYTIME PHONE _____
RELATIONSHIP _____
(No Relatives)

EMERGENCY CONTACT

NAME _____ RELATIONSHIP _____
ADDRESS _____ CITY, STATE, ZIP _____
HOME PHONE _____ BUSINESS PHONE _____

AUTHORIZATION AND AGREEMENT

☐ YES ☐ NO

CA and MN only: check here ☐ if you wish to receive a copy of the consumer report directly from the consumer reporting agency that compiled the report.

I understand the acceptance of this application by the employer neither expresses nor implies I will be offered employment. I understand my employment is at will and I may resign at any time for any reason; similarly, my employment may be terminated by the organization at any time for any reason. Any changes to this at-will employment agreement will not be valid unless in writing signed by me and a duly authorized representative of this employing organization.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE AUTHORIZATION AND AGREEMENT STATEMENTS.

SIGNATURE OF APPLICANT _____ DATE _____

FAIR CREDIT REPORTING ACT

Disclosure and Authorization Statement

To: All Applicants For Employment *(Please Read Carefully Before Signing Below)*

In processing my application for employment, I understand the employer, its representatives, employees or agents may obtain a consumer report and investigative consumer report for employment purposes concerning my past employment, work habits, education, military record, motor vehicle record, credit background, references, character, general reputation, personal characteristics, mode of living, civil judgments, liens, and information about my criminal conviction background consistent with state and federal law.

I understand that upon written request to the employer, I will be informed whether an investigative consumer report through a consume reporting agency was requested and I will be given information as to the nature and scope of the investigation and a summary of my rights under the Fair Credit Reporting Act. I understand an investigative consumer report is a report in which information concerning my character, general reputation, personal characteristics or mode of living is obtained through personal interviews with neighbors, friends, associates or others with whom I am acquainted or who may have knowledge concerning this information.

By signing below, I authorize this employer to obtain a consumer report and an investigative consumer report on me as part of the preemployment background and investigation process. If I am offered employment, I further authorize my employer to obtain additional consumer and investigative consumer reports and updates on me for employment purposes at any time during my employment. A copy of this authorization is as valid as the original.

Name *(please print)*

Signature

Date Signed

(PLEASE RETURN THIS PAGE WITH YOUR COMPLETED APPLICATION)

