

CITY OF RUSTON FIRE DEPARTMENT EMPLOYMENT APPLICATION

This questionnaire is to be completed in its entirety and returned to the City of Ruston Fire Department by date and time stated in the verbal or written notification. Questionnaires will be accepted in person or by email no later than date and time stated in the verbal or written notification only between 8:00 am and 5:00 pm. If you wish, the questionnaire may also be completed, signed and emailed to fire@ruston.org. Thank you for your interest in the City of Ruston Fire Department.

Applicant: Do not write in this area

For Official Use Only

Date Returned: _____

Physical Fitness: Yes No

Date: _____

Psychological: Yes No

Date: _____

Interview Board: Yes No

Date: _____

POSITION OF INTEREST: _____

Name:

_____ Last

_____ First

_____ Middle Name

Address:

_____ Street

_____ Apt #

_____ City

_____ Parish

_____ State

_____ Zip

Contact Information:

_____ Area Code

_____ Home

_____ Work

_____ Mobile

_____ Email Address

Please read each question carefully and answer truthfully. The information you provide will be verified during your background investigation. Therefore, accuracy is essential. Any false statement or information you knowingly supply will be cause for rejection of your application. All questions are to be completely answered. Do not type the answers. Use ink and print neatly and legibly. If you feel the space provided is insufficient to properly answer the question, feel free to attach additional sheets of paper to satisfactorily complete the questionnaire. If a question does not apply to you, answer "N/A." If for some reason you do not understand or need clarification about a particular question, call the fire department public information officer at 251-8606

SPECIAL RELATED QUALIFICATIONS OR SKILLS

Please use this space to indicate any special fire or EMS certifications that you have received or any special skills related to the job you are applying for.

PERSONAL INFORMATION

NAME:	Last	First	Middle Name	Gender
				Male Female

Maiden Name, Aliases, or Any Other Name Used Before: _____

Location of Birth (City, Parish/County, State, Country): _____

Date of Birth: _____ Social Security Number: _____

Driver's License Information: State Class Restrictions

WORKING ENVIRONMENT

Do you object to wearing a uniform? Yes No If yes, explain: _____

Do you object to working 24 hour shifts? Yes No If yes, explain: _____

Do you object to being away from home overnight, holidays, or during periods of off time for training or to perform official duties? Yes No

Do you have any relatives that are currently employed by the City of Ruston? Yes No If yes, who? What department?

CAREER OBJECTIVES

Briefly explain your reasons for wanting to work at the City of Ruston Fire Department and what you expect to attain from your fire service career:

EDUCATION				
School	Name and Location of School	Course of Study	Years Completed	Degrees or Certifications Earned
Elementary				
Junior High/Middle				
High School				
College				
Certifications, licensures, etc				
Training				
Please use this space to describe any experience, education, knowledge, skills, training, accomplishments, licenses, machine operations, computer programs or specials skills you possess.				
Are you currently attending school?	Yes	No	What do you expect to accomplish?	

MILITARY HISTORY				
Have you ever been rejected for military service?	Yes	No	If yes, what branch and for what reason were you rejected?	
Have you ever served in any branch of the military?	Yes	No	If yes, what branch of the military did you serve in?	
What date did you enter military services?	What rank did you attain?	When were you discharged?	Was your discharge honorable?	What type of discharge did you receive?
			Yes	No
Did you ever receive any type of disciplinary action while you were in the service?	Yes	No		
If you answered "YES," describe in detail the type of action filed against you, the circumstance, and the outcome of the action:				

Were you ever court-martialed? Yes No

If you answered "YES," to the question of being court-martialed, describe the circumstances below:

Are you now or have you ever received compensation from the federal government for a service related disability? Yes No

What was the reason for compensation?

Are you currently in a reserve or national guard unit? Yes No If yes, what branch do you serve in?

Where is your unit located? What job do you have in your unit? List the name, address, and telephone of the commanding officer in your unit.

DRIVING RECORD

Driver's License Number: State Expiration Date Type or Class Restrictions

Have you ever received a traffic citation? Yes No

If you answered yes, list below the dates, the offenses, and the court dispositions of each citation you have received:

OFFENSE DATE LOCATION DISPOSITION

Have you ever had a traffic accident? Yes No If yes, how many? How many were your fault? How many that was your fault resulted in injury to another person?

List the accidents which were your fault and resulted in injury to another party:

DATE LOCATION CITY/PARISH/COUNTY # OF PEOPLE

Has your driver's license ever been suspended? Yes No If yes, for what reason? _____ How long was it suspended or revoked? _____ Suspension Dates: _____ What agency suspended your license? _____

Have you ever been cited for the following: **Reckless Operation?** Yes No **DWI?** Yes No

EMPLOYMENT HISTORY

Have you ever applied with the City of Ruston Fire Department? Yes No If yes, when? _____

Have you ever applied for any other position with the City of Ruston? Yes No If yes, which department? _____ When? _____

Have you ever applied to any other fire department before? Yes No If yes, please explain below. _____

Name of Department	Location	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever worked for a fire department in the past? Yes No

If yes, list the departments, locations, dates, and positions below:

Did you leave any of these departments for any reason other than voluntary resignation? Yes No

If you answered "yes," identify the position and explain why you left:

Were any disciplinary actions taken against you during your employment with a fire department? Yes No

Did you ever engage in any misconduct that went undetected while you were serving any fire department? Yes No

If you answered "yes," please explain:

Are you currently employed with a fire department? Yes No If yes, what department?

Why do you want to leave the agency you currently work with to work for the Ruston Fire Department?

Have you ever been fired from any position you have held? Yes No Where and when?

If you answered "yes," for what reason?

Have you ever been asked to resign in lieu of being fired? Yes No If yes, with what company, why, and when?

Have you ever quit a job without giving sufficient notice? Yes No If yes, which employer and why?

Are you currently employed? Yes No Do you think your present employer will give you a good recommendation? Yes No If no, why?

List below all the employment positions you have held for the past ten (10) years, regardless of how long you were employed. Beginning with the position you now hold, list all other jobs held in reverse chronological order.

Dates of Employment		Name of Employer and Location	Telephone No.	Position(s) Held	Reason for Leaving	Supervisor's Name
To:	From:					

IMPORTANT: ARREST RECORD - FOR CLASSIFIED POSITIONS ONLY

Have you ever been arrested or issued a summons for a criminal offense?
(Affirmative answers won't automatically disqualify you.)
If you have, for what charges?

Yes

No

Arresting Agency

Date of Arrest

Disposition

Sentence, if convicted.

Have you ever been questioned by the police as a suspect
during an investigation into a felony offense?

Yes

No

Describe the circumstances and the reason the investigation focused on you:

Are you currently a suspect in any police criminal
investigation?

Yes

No

If you are, why are you being investigated, and by whom are you being investigated?

PARTY and ORGANIZATIONAL AFFILIATION

Are you, or have you been in the past, a member of any
organization which might be considered radical or subversive?

Yes

No

Which group(s)?

Have you ever attended any meeting of an organization or
group which might be considered radical or subversive?

Yes

No

Which group(s)?

Do you sympathize with any organization which might be
considered subversive or radical?

Yes

No

Which groups(s)?

List the clubs and/or organizations you are a member of below. Include name, location and number of years.

ALCOHOL/DRUG USE

Do you consider yourself a light, moderate, or heavy drinker?	What do you usually drink when you consume alcoholic beverages?	How often do you consume alcoholic beverages?	How much alcohol do you consume during a week?	How many times have you been intoxicated during the past 12 months?
---	---	---	--	---

How many times have you had a "buzz" or been "tipsy" during the past 12 months?	How many times have you driven a vehicle after having consumed alcoholic beverages within the past 12 months?	Have you ever been arrested as a result of alcohol consumption?	Yes	No
---	---	---	-----	----

If you answered "yes," explain the circumstances below:

Have you ever been admitted to a substance abuse clinic? Yes No If so, where?

What type of substance addiction were you being treated for?

Have you ever experimented or used the following drugs or substances?

Drug	# of Times Used	Last Time Used	Ever Addicted?
Marijuana			
Hashish			
Speed			
Heroin			
L.S.D			
Cocaine			
"Crack" Cocaine			
PCP			
Other			

Have you ever taken any barbiturates, amphetamines, or any other type of controlled medication without a prescription? Yes No

THEFT AND DISHONESTY

List below any and all items and/or cash you have stolen in your lifetime. This includes any cash or property you took without authorization from an individual, employer, business, store, etc. Include the item, the quantity, the approximate date, the approximate value, and from whom the item was taken.

Item	Quantity	Date	Value	From Whom
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have you ever switched price tags to cause the value of an item to be lower than its actual value?

Yes No

Have you ever participated in refund fraud?

Yes No

Have you ever purchased items that you suspected or knew were stolen?

Yes No

What were the items?

How much did you pay for the items?

How much should the items have been valued at?

PAST RESIDENCES

Street Address of Residence	City, State, Zip Code	Landlord's Name (if applicable)	Length of Residence	
			To	From
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

REFERENCES

List the names of three responsible people, other than relatives or past employers, who can provide information about your character, ability, experience, personality, and other qualities.

Name

Address

Telephone #

Years Known

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

AFFIRMATION

I attest that the answers I have provided to these questions are complete and true to the best of my knowledge and belief. I understand that if I have falsified, misrepresented, or knowingly omitted any information from this questionnaire that my application may be rejected, and I may be terminated from employment if I have been offered employment following the application process.

Applicant Printed Name

Applicant Signature

Date