



**POPLAR SPRINGS FIRE DEPARTMENT
EMPLOYMENT APPLICATION**

Have you ever been convicted of a crime other than minor violations? Yes No

If "Yes", please provide the following information:

Charges Where convicted Date(s) Current Status

Have you every volunteered/worked for PSFD before? Yes No

If hired, on what date will you be available for work? _____

The PSFD Job Description states the job's qualifications and requirements. Did you read and understand the PSFD Job Description for the position for which you applied? Yes No

Do you meet the Qualifications and Requirements listed for this position? Yes No

If you answered "No", which do you not meet? _____

Record of Education:

High School- _____ Yrs. Completed- _____ GED _____

College/Degree- _____ Yrs. Completed- _____

Other- _____

Related Firefighting Training:

Each applicant is required to provide a copy of all successfully completed courses. All training information will be verified.

List any other specialized skills and/or training that may be applicable to the position for which you have applied.



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Personal References (not former employers or relatives):

Name	Address	Telephone No.
1)		
2)		
3)		

Applicant Notice of Drug Abuse Screening Test:

The Poplar Springs Fire Service Area Board of Directors has approved and the Poplar Springs Fire Department administers an Alcohol and Drug Abuse Policy for all PSFD Employees and applicants. Compliance with this policy is a condition of employment.

Every offer of employment is conditioned upon the applicant successfully completing a post-offer medical examination which includes a urinalysis test to detect illegal substance abuse. If an applicant's initial urinalysis test is positive, a confirmation test will be conducted on the same specimen to rule out false-positives. If the confirmation test is positive, the applicant will be advised that he/she did not successfully complete the urinalysis test. A tampered specimen is regarded the same as a positive specimen. Before an applicant can be re-considered for any position with the PSFD, the applicant must receive professional counseling and evaluation which may include a rehabilitation program at a facility approved by the PSFD at the applicant's expense.

Applicant's Signature: _____

Date: _____

THE Poplar Springs Fire Department IS AN AT-WILL, EQUAL OPPORTUNITY EMPLOYER



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Acknowledgement:

Please read before signing:

The facts set forth in my application for employment are true and complete. I understand that if employed, false or misleading statements on this application shall be considered immediate cause for dismissal. In making this application for employment I authorize the Poplar Springs Fire Department to make and/or investigate a report whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry, if made, may include information as to my character, general reputation, personal characteristics, and mode of living. This inquiry, if made, also may include information concerning any and all employment discrimination claims and/or accusations brought against me, including, but not limited to, charges and/or accusations brought against me that relate to harassment and/or discrimination involving race, sex, religion, disability and/or national origin.

I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of any such investigation or report that is made.

I understand that, if the Poplar Springs Fire Department employs me, either the Poplar Springs Fire Department or I can terminate my employment with or without cause at any time and for any or no reason. I also understand that no official of the Poplar Springs Fire Department other than the Fire Chief has the authority to enter into an agreement for employment for any specific period of time or to make any agreement contrary to the foregoing.

Applicants Signature: _____

Date: _____



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Employee Reference Release:

This signed form gives the Poplar Springs Fire Department permission to contact the applicant's previous employer(s) to acquire the information described in the Acknowledgement Section of this application. The applicant is requested to sign one Employee Release Form for each former employer.

I, _____, agree to the release of the following information concerning my employment with _____, as may be requested by prospective employers:

Job Reference Information	May Be Released	May Not Be Released
1. Dates of Employment	_____	_____
2. Job Title(s)	_____	_____
3. Salary At Time of Termination	_____	_____
4. Attendance Record	_____	_____
5. Performance Review Ratings	_____	_____
6. Reason for Termination <input type="checkbox"/> Resignation <input type="checkbox"/> Resignation by Mutual Agreement <input type="checkbox"/> Retirement <input type="checkbox"/> Downsizing <input type="checkbox"/> Discharged For _____ <input type="checkbox"/> Other (Be Specific) _____		
7. Eligible for Rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Applicant's Signature: _____

F.D. Representative _____ Date: _____