Fire Department

345 S. Main Street
Harrisonburg, VA 22801

The Fire Department's hiring list runs through June 30th of each year, at which time a new list will be prepared.

An entrance test is given each year and you will be notified in time to make arrangements to take the test, after which time your name will be added to the new hiring list.

In the event that it becomes necessary to hire someone before that time and the current list is depleted, your application will be given consideration and the necessary steps taken to ensure you of an equal chance of employment.

Print Form

CITY OF HARRISONBURG
An Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

Please print in ink (preferably black)

Mail to:

345 S. Main St., Room 207
Harrisonburg, VA 22801

No. of Attachments:

Employees of the City and all applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender, or age.

As a means of accommodation to persons with specific disabilities that prevent them from completing this application, confidential assistance in filling out this application may be obtained by calling 540-432-8930.

1. Position applied for _____ 2. Position # _____

(one per application)

3. Social Security No. _____ (NOTE: Completion of # 3 is optional. Failure to submit social security number on this form will not prohibit consideration. Social Security number will be required on other forms prior to employment.)

4. Full Legal Name _____ Last _____ First _____ M.I. 6. Home Phone _____

5. Address _____ 7. Cell Phone _____

City _____ State _____ Zip _____ 8. Business Phone _____

9. **EDUCATION**

a. Check highest grade completed ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12

b. If you did not complete high school, do you have a high school equivalency diploma? ☐ Yes ☐ No

c. Check number of years of post high school education ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7

Name and Location of Institution	Hrs	Degree Received	Major or Specialty	Minor

d. If you expect to complete an educational prgram in the near future, please indicate what type of degree or program and expected completetion date:

License (to include driver's), certificate or other authorization to practice a trade or profession.

Type	License Number	Granted by (licensing board)

10. **EXPERIENCE** A RESUME MAY *NOT* BE SUBMITTED FOR COMPLETION OF THIS SECTION

PRESENT EMPLOYER _____ Dates From: _____ To: _____

Address: _____ Phone No: _____ Ave. Wk. Hrs. _____

Job Title _____ Salary Starting _____ Ending _____

Supervisor's Name _____ Reason for leaving _____

Duties _____

EMPLOYER _____ Dates From: _____ To: _____

Address: _____ Phone No: _____ Ave. Wk. Hrs. _____

Job Title _____ Salary Starting _____ Ending _____

Supervisor's Name _____ Reason for leaving _____

Duties _____

NOTE: USE SUPPLEMENTAL FORM FOR ADDITIONAL EMPLOYMENT HISTORY IF NEEDED

Additional information you think would help us evaluate your application, including training, seminars, workshops, specialized skills, etc.

11. REFERENCES

List names, addresses, and relationships of three persons not related to you who know your qualifications.

NAME	ADDRESS	PHONE	RELATIONSHIP

12. MISCELLANEOUS

a. Check which job status you would accept: ☐ Full Time ☐ Part Time (specify) _____

b. Are you willing to accept employment which requires you to travel? ☐ No ☐ Yes

c. For purposes of compliance with the Immigration Reform and Control Act, are you legally eligible for employment in the United States?
☐ Yes ☐ No Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.

d. Section 2.2-2903 of the Code of Virginia prohibits any board, commission, department, agency, institution, or instrumentality of the City of Harrisonburg from employing a person who is required to present himself and submit to the federal Selective Service registration Requirement and failed to do so. If you are/were required to register for the Selective Service, have you done so? ☐ Yes ☐ No

If no, state reason: _____

e. For purposes of compliance with Section 2.2-903 of the Code of Virginia, are you a veteran who received an honorable discharge and served more than 180 consecutive days of full-time active duty in the US Army, Navy, Air Force, Marines, or reserve components thereof, including the National Guard?
☐ Yes ☐ No If yes, did you serve during the Vietnam Conflict (2/28/61 - 37/7/75)? ☐ Yes ☐ No

f. Have you ever been convicted* for any violation(s) of law, including moving traffic violations. ☐ Yes ☐ No If Yes, please provide the following:
Describe the offense: (For additional convictiions use plain paper. Include all information below.)

County, City, State of Conviction: _____ Statue or ordinance (if known) _____ Date of Conviction: _____

* Convictions include Virginia juvenile adjudications for Capital murder, First and Second degree Murder, Lynching, or Aggravated Malicious Wounding, if you were age fourteen (14) to eighteen (18) when charged.

13. When will you be able to start work? (No date is necessary if you are available as soon as you give two (2) weeks notice.) Mo: _____ Day: _____ Year: _____

14. CERTIFICATION Each Application Requires Current Date and Original Signature.

I hereby certify that all entries on application and attachments are true and complete. I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part to any employment in the service of the City of Harrisonburg. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent to references and former employers and education institutions listed being contacted regarding this application. I further authorize the City to rely upon and use, as it sees fit, and information received from such contacts. Information contained on this application may be disseminated on a need-to-know basis for good cause shown as determined by the Department Director.

Date: _____ Applicant's Signature: _____

Supplementary Experience Form

Attachment Number

Name: Position Number:

Social Security No. Position Applied For:

EMPLOYER Dates From: To:

Address: Phone No: Ave. Wk. Hrs.

Job Title Salary Starting Ending

Supervisor's Name Reason for leaving

Duties

EMPLOYER Dates From: To:

Address: Phone No: Ave. Wk. Hrs.

Job Title Salary Starting Ending

Supervisor's Name Reason for leaving

Duties

EMPLOYER Dates From: To:

Address: Phone No: Ave. Wk. Hrs.

Job Title Salary Starting Ending

Supervisor's Name Reason for leaving

Duties

EMPLOYER Dates From: To:

Address: Phone No: Ave. Wk. Hrs.

Job Title Salary Starting Ending

Supervisor's Name Reason for leaving

Duties

Name:

Courses taken for self-development:

Name of college attended:

Number of hours of college credit:

Did you receive a degree? ☐ Yes ☐ No

What field is the degree in?

What type of degree?

Place a check mark beside any of the listed Virginia certification levels which ***you currently*** hold.

☐ Firefighter I
☐ Firefighter II

☐ Driver/Pump Operator
☐ HazMat Awareness
☐ HazMat Operations
☐ HazMat Technician/Specialist
☐ HazMat IV

☐ Instructor I
☐ Instructor II
☐ Instructor III
☐ Instructor IV

☐ Officer I
☐ Officer II
☐ Officer III
☐ Officer IV
☐ Aerial Operator
☐ EMT
☐ Shock Trauma
☐ Cardiac
☐ Paramedic

Virginia Driver's License Number

Traffic violations for which you were convicted

List any other court convictions

Signature of Applicant _____

City of Harrisonburg, Virginia
Applicant Data Form

The following information is required to meet federal reporting and record keeping requirements. This information **will not** be used for making employment decisions and **will not** be provided with your application to the appointing authority.

- ☐ Male
- ☐ Female

- ☐ White
- ☐ Black
- ☐ Hispanic
- ☐ Asian or Pacific Islander
- ☐ American Indian

Applicant's Name: _____

Position applied for: _____

Check the highest level of education you have completed (check only one).

- ☐ Less than 8th grade
- ☐ Completed 8th grade
- ☐ Attended high school
- ☐ High school graduate or equivalent
- ☐ Attend College
- ☐ College graduate
- ☐ Attended graduate school
- ☐ Master's degree
- ☐ Graduate study beyond Master's
- ☐ Ph.D. or professional degree

How did you learn about the position for which you are applying?

- ☐ Newspaper
- ☐ Posted Job Announcement
- ☐ Virginia Employment Commission
- ☐ TV-City Span
- ☐ City Website
- ☐ City Employee
- ☐ City Jobline
- ☐ Other (please specify) _____

FOR OFFICE USE ONLY
EEO Category:_____
EEO Function:_____