

City of Johnson Fire Department

City of Johnson Fire Department

5810 S. Cardwell, Johnson, AR 72741

Ph. (479) 442-0112 Fax. (479) 442-6052

TO WHOM IT MAY CONCERN: I am applying for a position with the City of Johnson Fire Department. I understand the department needs to thoroughly investigate my employment background and personal history to hold the position for which I have applied for. It is in the public's best interest that all relevant information concerning my personal and employment history be disclosed to the department listed above.

I hereby authorize any representative of the Johnson Police Department and/or City of Johnson Fire Department bearing this release to obtain any information in my 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 my part thereof, concerning myself, by and to any duty authorized agent of the Johnson Police Department and/or City of Johnson Fire Department, whether said records are of public, private, or confidential in 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 in determining my suitability for employment in that department. It is my specific intent to provide access to personnel information.

I consent to your release of any and all public and private information that you may have concerning me, my work record, background and reputation, military service records, financial status, attendance records, polygraph examinations, internal affairs investigations and discipline, including any fees which are deemed to be confidential and/or sealed, criminal history record, including any arrest records or recollections or 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 and interest.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records of your organizations, including officers, employees, or related personnel, both individually, and collectively, from any and all liability, for damages of whatever kind, 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 Johnson Police Department and/or City of Johnson Fire Department regardless of any agreement I may have made with you previously to the contrary. The fire department organization requesting the information pursuant to this release will continue processing my application if you refuse to disclose the information requested.

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For and in consideration of the City of Johnson Fire Department's acceptance and processing of my application for employment, I agree to hold this department, its agents, and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the City of Johnson Fire Department. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities. (The terms "employment" and "employing agency" as used herein shall be interpreted to mean volunteer and volunteer department in addition to their ordinary meanings).

I understand my rights under Title 5, United State Code, Section 552a, the Privacy Act of 1974 with regard to access and to disclosure of records, and I waive those rights with the understanding the City of Johnson Fire Department in conjunction with employment procedures will use information furnished.

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

This waiver is valid for the period of one (1) year from the date of my signature.

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

I agree to pay any and all charges or fees concerning this request and can be billed for such charges at the address listed on this form.

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

Applicant Signature: _____

Date Signed: _____

Name: _____

Phone Number: _____

Address: _____

Social Security number: _____

Date of Birth: _____

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5810 S. Cardwell, Fayetteville, AR 72704

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READ EVERY SENTENCE OF THIS CERTIFICATION BEFORE SIGNING

The terms “employment” and “employing agency” as used herein shall be interpreted to mean volunteer and volunteer department in addition to their ordinary meanings.

The answers I have made to each and all of the questions in this application are true and complete to the best of my knowledge and belief. I understand and agree that any misstatement of material fact contained herein may cause the forfeiture of all my rights to employment in the City of Johnson Fire Department. I also understand that by completing and signing this document I agree to submit to and/or take part in a COMPLETE BACKGROUND INVESTIGATION, and such other examinations may be requested by the employing agency.

I certify as evidenced by my signature affixed here to that I have read and understand each sentence of this certification.

Applicant Signature: _____

Date Signed: _____

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5810 S. Cardwell, Fayetteville, AR 72704 Phone: (479) 442-0112 Fax: (479) 442-6052

www.cityofjohnson.com

ENTRY LEVEL AGILITY TEST

NAME: _____ (PLEASE PRINT), WHO RESIDES AT THE ADDRESS OF _____, DESIRES TO BECOME A FIREFIGHTER WITH THE CITY OF JOHNSON FIRE DEPARTMENT, AND SUCH AS, THE CANDIDATE MUST SUCCESSFULLY COMPLETE THE PHYSICAL AGILITY TEST GIVEN BY THE CITY OF JOHNSON FIRE DEPARTMENT.

I, _____ (please print), for the sole and only consideration of being tested as a volunteer, part-time, or full-time firefighter, do release and forever discharge the City of Johnson Fire Department, or any individual member thereof, from all manner of claims, liabilities, and cause of action which I might have against the City of Johnson Fire Department, city of Johnson, or any individual member thereof, as a result of any injury sustained taking said physical agility test. I am thoroughly familiar with the type of exercise and physical ability and capacity necessary in order to pass the test, and I hereby request that I be given the opportunity to take same and assume all risks incident thereto.

- **THE CANDIDATE SHALL CLIMB A LADDER APPROXIMATELY 12-15 FEET HIGH** *(no time limit)*
- **THE CANDIDATE SHALL DRAG A 100 FOOT SECTION OF HOSE APPROXIMATELY 100 FEET. (3 INCH)** *(no time limit)*
- **THE CANDIDATE SHALL DON A SELF-CONTAINED BREATHING APPARATUS AND SHALL BE REQUIRED TO CLIMB STAIRS APPROXIMATELY 5 TIMES AND SHALL WALK CARDWELL DRIVE WITH SCBA.** *(total time 5 minutes)*

THE ABOVE FOREGOING RELEASE AND INSTRUCTIONS FOR AGILITY TEST REQUIREMENTS HAS BEEN READ AND FULLY UNDERSTOOD BY THE UNDERSIGNED.

*****FAILURE TO PASS THE ABOVE AGILITY TEST WILL DISQUALIFY THE APPLICANT FROM BECOMING A MEMBER OF THE CITY OF JOHNSON FIRE DEPARTMENT.***

_____ CANDIDATE SIGNATURE DATE _____

_____ WITNESS SIGNATURE DATE _____

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APPLICANT INFORMATION

Last Name:	First:	Middle:	DOB:
Street Address:		Apartment/Unit #:	
City:	State:	Zip:	
Phone #:	Cell#:	Email address:	
Date Available:		Social Security #:	
Position applied for:			
(Circle One)			
Are you a citizen of the United States?		YES	NO
Are you authorized to work in the U.S.?		YES	NO
Have any firefighting experience?		YES	NO If so, when?
Have you ever been convicted of a felony?		YES	NO If yes, explain:

EDUCATION

High School :				Address:	
From	To	Did you Graduate?	YES	NO	Degree:
College:				Address:	
From	To	Did you Graduate?	YES	NO	Degree:
Additional Education:				Address:	
From	To	Did you graduate?	YES	NO	Degree:

REFERENCES

Please list at least three references, at least one professional reference.

Full Name:		Relationship:
Title:	Phone: ()	
Address:	Email:	
Full Name:		Relationship:
Title:	Phone: ()	
Address:	Email:	
Full Name:		Relationship:
Title:	Phone: ()	
Address:	Email:	

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PREVIOUS EMPLOYMENT

Within the past 10 years.

Company:	Phone: ()
Address:	Supervisor:
Job Title:	Reason for Leaving:
Responsibilities:	
From To	
May we contact your supervisor for a reference? (Circle one)	Yes NO

Company:	Phone: ()
Address:	Supervisor:
Job Title:	Reason for Leaving:
Responsibilities:	
From To	
May we contact your supervisor for a reference? (Circle one)	Yes NO

Company:	Phone: ()
Address:	Supervisor:
Job Title:	Reason for leaving:
Responsibilities:	
From To	
May we contact your supervisor for a reference? (Circle one)	Yes NO

MILITARY SERVICE

Branch:	From To
Rank at Discharge:	Type of Discharge:
If other than honorable, please explain:	

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DISCLAIMER AND SIGNATURE

I certify that the entered credentials are true and complete to the best of my knowledge.

If this application leads to employment or a volunteer level, I understand that false or misleading information in my application or interview may result in my release or dismissal.

Signature:

Date:
