| FIRE P | 3345 Westover 1 hone: (205)678 W | nicipal Fire D Road, Westover, Alab 3375 ext. 5 Fax: (2 ww.westoveral.gov | pama 35147 205)678-3376 | WESTOVER MUNICIPAL | | |
|-------------------------------|--|---|----------------------------|------------------------|--|--|
| Micah A. Woodley, Fire | | tion for Employn | | 1. Seales, Captain | | |
| Application Date: | | | | | | |
| | | Name | | | | |
| Last | Fin | rst | Middle | Maiden (If applicable) | | |
| |] | Present Address | | | | |
| Number | Street | | City | State Zip | | |
| How long have you resided | at this address? | | | | | |
| | Co | ntact Information | | | | |
| Telephone Number | | | Email Address | | | |
| | 0 | ther Information | | | | |
| Date of Birth | | Social Security Number | | | | |
| Driver's License Number | Driver's License Number Issuing State | | | Expiration | | |
| | Position Appl | ied For (select all th | at apply) | | | |
| Administrative (M-F) Full Tim | ne (24 on/48 off sl | hift) Part Time Regu | lar (24 on/96 off) | Fill in (as needed) | | |
| When are you availab | ble to start? | | | | | |
| What shift(s) are you | available? | Α | B | C | | |
| | EMS L | icensure (if applicab | ole) | | | |
| EMSP Level | | ADPH License Numbe | | Expiration | | |
| NREMT N | umber | | Expira | tion | | |



| WESTOVER MUNICIPAL FIRE | 3345 We | r Municipal estover Road, West 05)678-3375 ext. 5 | over, Alabama 3 Fax: (205)67 | 35147 | WESTOVER MUNICIPAL | |
|-------------------------------|----------------|---|---------------------------------|-------|--------------------------|--|
| Micah A. Woodle | ey, Fire Chief | www.westoveral.gov Fire Chief | | | David M. Seales, Captain | |
| | V | Work Experience <i>Most Recent E</i> | | | | |
| Organization/Business: | | | | | | |
| Job Title: | | | | | | |
| Address: | | | | | | |
| Phone Number: | | | | | | |
| Supervisors Name: | | | | | | |
| Employment Dates: | From: | Reason for L | To |): | | |
| List any specific jobs ye | | you were em | | | | |
| | | Other Emp | loyer | | | |
| Organization/Business: | | | | | | |
| Job Title: | | | | | | |
| Address: | | | | | | |
| Phone Number: | | | | | | |
| Supervisors Name: | | | | | | |
| Employment Dates: | From: | | <i>Tc</i> | o: | | |

(continued)



Westover Municipal Fire Department

3345 Westover Road, Westover, Alabama 35147 Phone: (205)678-3375 ext. 5 Fax: (205)678-3376 www.westoveral.gov



Micah A. Woodley, Fire Chief

David M. Seales, Captain

Reason for Leaving:

List any specific jobs you held, duties performed, skills used/learned, advancements and/or promotions while you were employed:

Professional References (non-relatives)

| Name: | |
|------------------------|--|
| Organization/Business: | |
| Job Title: | |
| Telephone Number: | |
| Email Address: | |
| | |
| Name: | |
| Organization/Business: | |
| Job Title: | |
| Telephone Number: | |
| Email Address: | |

Additional Information

Use the space below to summarize any additional information necessary to describe your full qualifications



Westover Municipal Fire Department

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Micah A. Woodley, Fire Chief

David M. Seales, Captain

Application Waiver

In exchange for consideration of my job application by the Town of Westover (hereinafter referred to as "the town"), I agree that:

Neither the acceptance of this application, nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Town practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the town, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Mayor of the town. Both the undersigned and the town may end the employment relationships at any time, without specified notice or reason. If employed, I understand that the town may unilaterally change or revise their benefits, policies, and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in the application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I herby give the town permission to contact schools, previous employers, references, and others, and hereby release the town from any liability as a result of such contact.

I also understand that (1) the town has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment, (2) consent to and compliance with such policy is a condition of my employment, (3) continued employment is based on the successful passing of testing under this policy, and (4) continued employment may be based on successful passing of job-related physical examination.

I understand that, in connection with the routine processing of your employment application, the town may request from a consumer reporting agency and investigate consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the town, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the town shall be probationary for a period of sixty days, and further that at any time during my probationary period or thereafter, my employment relationship with the town in terminable at will for any reason by either party.

The town is an equal employment opportunity employer. We adhere to a policy of making decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with the town depends solely on your qualifications. Thank you completing this application form and for your interest in our business.

Signature of Applicant:

Date:

FOR OFFICE USE ONLY

| Hire Date: | Pay Rate: |
|---------------------|-----------|
| Emergency Contact: | Height: |
| Contact Number: | Weight: |
| Person Authorizing: | Level: |