

Autauga County Firefighters' Association
Application for Membership

For Official Use:

Date Received: _____
 Date Voted On By Dept: _____
 Voted to Accept: Yes No

The Autauga County Firefighters' Association and its member departments are an Equal Opportunity Institutions and EEO/Affirmative Action agencies committed to excellence through diversity. Membership offers are made on the basis of qualifications, passage of an entry physical and without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status, or sexual orientation.

PLEASE TYPE OR PRINT. Complete the entire application. You may attach a resume, but you must still complete all questions; or your application will be deemed incomplete and may not be considered. Please fill out each box (don't just indicate "See Resume.") Applications with missing or invalid job numbers will not be considered for any position.

Fire District Applying For:	Name (Last, First, Middle):	Other names under which you have attended school or been employed:
Street Address:	City, State & Zip:	
Social Security Number:	Home Phone:	Work Phone:
		Other Phone:
Are you eligible to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you 18 years of age or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If NO, what is your current age?
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, what is your current job title & department?
Have you ever been a member of any Autauga County volunteer fire department?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, dates of membership & reason for leaving:
Have you ever been convicted of or are you currently awaiting trial for a felony charge?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, please provide date of charge, charge details and court jurisdiction?
Do you have a valid driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, State of issuance, license #, and expiration date:
How did you learn about this employment opportunity within Autauga County? Check all that apply: <input type="checkbox"/> Ad in <i>newspaper</i> <input type="checkbox"/> Job Bulletin (Posting) /Walk-in <input type="checkbox"/> Website <input type="checkbox"/> Dept. of Labor <input type="checkbox"/> Ad in <i>magazine</i> <input type="checkbox"/> Referral by employee <input type="checkbox"/> Other:		

EDUCATION

Name of School	City/State	Did you graduate?	If No, # of years left to graduate	If Yes, date of Graduation	Degree received	Major
High School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
GED:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other credentials/ licenses/ professional affiliations, etc., which are relevant to the job(s) for which you are applying.						

SKILLS: Please list technical skills, clerical skills, trade skills, etc., relevant to this position. Include relevant computer systems and software packages of which you have a working knowledge, and note your level of proficiency (basic, intermediate, expert)

WORK EXPERIENCE-Please detail your immediate work history. Begin with your current or most recent employer. If you held multiple positions with the same organization, detail each position separately. Attach additional sheets if necessary. Omission of prior employment may be considered falsification of information. Include full-time military or volunteer commitments. **PLEASE DO NOT** complete this information with the notation "See Resume."

PLEASE NOTE: All Autauga County fire entities reserve the right to contact all current and former employers for reference information.

Dates Employed (most recent position) From: _____ To: _____	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title: _____
Organization Name and Address: _____		
Supervisor's Name, Title and Phone #: _____	Other Reference Name, Title and Phone #: _____	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties: _____		
Dates Employed From: _____ To: _____	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title: _____
Organization Name and Address: _____		
Supervisor's Name, Title and Phone #: _____	Other Reference Name, Title and Phone #: _____	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties: _____		

PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for membership, or termination of membership if discovered at a later date. I authorize any Autauga County Firefighters' Association member agency to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for membership. I agree to submit to a physical exam, criminal background check and screening for illegal substances upon conditional offer of membership. I understand that this document is NOT an offer of membership with any Autauga County Firefighters' Association member agency, and that an offer of membership, if tendered, does NOT constitute a contract for continued guaranteed membership. I understand that all members of Autauga County Firefighters' Association agency members serve at-will, and the membership relationship may be terminated at any time by either party, for any or no reason, other than a reason prohibited by law. If accepted, I will be required to furnish proof of eligibility to work in the United States and to comply with departmental regulations. I understand that if accepted, I would be classified as a volunteer unless otherwise stated and will not be entitled to compensation for my duties while engaging in activities. If accepted I understand that I would be eligible to make voluntary contributions to the Alabama Firefighters' Annuity and Benefit Board. I understand that any benefits I receive may be subject to change or discontinuation at any time without prior notice. I understand that the first SIX MONTHS of regular membership represents a provisional period, during which I may be terminated without right of appeal.

Applicant Signature: _____

Date: _____