



CITY OF FLORENCE
Civil Service Application
Fire OR Police Department

Applicant's Name _____
(PLEASE PRINT LEGIBLY)

Signature _____

Phone # _____ **Cell Phone #** _____

Date Application Completed _____

Have you previously applied for Florence Fire or Police? _____

If so, when? _____

This application is for Fire _____ **Police** _____.
(PLEASE CHECK ONE)

The City of Florence is an Equal Opportunity Employer.

Information below is to be completed by Civil Service/Personnel Department.

Date received _____ **AL Certified? (Police only)** _____

Accepted by _____

REQUIREMENTS

- AGE:** **FIRE** – Minimum of 19 years old.
POLICE – Minimum of 21 years old.
- EDUCATION:** **FIRE** – High School Diploma or General Educational Development (GED) Certificate from a state accredited institution/school.
POLICE – High School Diploma or General Educational Development (GED) Certificate from a state accredited institution/school. The GED must be supplemented by nine (9) semester hours of college courses with a minimum of a “C” average.
- TESTING:** Must be certified by a licensed physician as to being physically able to take the physical fitness examination(s) of the department for which you are applying. Must satisfactorily complete the physical fitness examination, which is conducted by the appropriate department. Must satisfactorily complete the written examinations. Applicants are subject to post-offer psychological testing.
- PHYSICAL:** After an offer of employment has been made, the applicant must be certified by a physician of the City’s choice as to being physically able to perform the duties of Fire Fighter or Police Officer.
- TRAINING:** Must attend and satisfactorily complete the training academy as required by law: The Alabama Fire College and Personnel Standards Commission (Fire) or the Alabama Peace Officers Standards and Training Commission (Police).
- BACKGROUND:** A background investigation of criminal, driving, and credit histories will be conducted and may include a voice stress analysis and/or polygraph.
- CHARACTER:** Must be a citizen of the United States. Must be of good character. Must have never been convicted of a felony. Must have never been convicted of a misdemeanor involving force, violence, moral turpitude, or domestic violence.
- CITIZENSHIP:** **FIRE** – Must be a citizen of or legally entitled to work in the United States.
POLICE – Must be a citizen of the United States.
- DOCUMENTATION:** Must include the following ***WITH*** this application:
- A. Three current letters of recommendation, including the address and phone number of the writer. Letters must be dated and signed.
 - B. Copy of service discharge records (DD214), if applicable.
 - C. Copy of your High School Diploma or General Educational Development Certificate (GED).
 - D. Copy of your college transcripts.
 - E. Copy of your driver’s license and social security card.

CHECKLIST (to be completed by Civil Service/Personnel):

Letters (3)	_____	Driver’s License	_____
DD214	_____	Diploma or GED	_____
Social Security Card	_____	College Transcripts	_____

RESIDENCY: Must reside within thirty (30) miles via public road of the nearest station/substation of the department for which you are applying, or must establish residency as described herein within thirty (30) days of employment.

INSTRUCTIONS

Civil Service applications are taken year-round, from January 1st through December 31st (Police) and November 1st through October 31st (Fire). All applications will be purged at the end of the application period. It is the responsibility of the applicant to reapply after that date if he or she would like to be considered for the following year.

When there is an opening in the Fire or Police Department, the job may be posted in the following locations:

Local Newspapers – Times Daily and/or Courier Journal

Department's website – www.florencefirerescue.com or www.florencepd.org

City of Florence's website – www.florenceal.org

City of Florence's job posting bulletin boards at City Hall

The application must be filled out in its entirety. All information that is requested is needed for your application to be processed. Failure to provide the necessary information could result in your application being placed in an inactive status.

THE APPLICATION PACKET MUST BE COMPLETED

AND RETURNED BY THE DEADLINE DATE ON THE POSTING.

THE \$1.50 CIVIL SERVICE FEE (if applicable)

WILL BE COLLECTED ON THE DAY OF THE PHYSICAL ABILITY TEST.

IN ALL SECTIONS, IF YOU NEED MORE SPACE THAN WHAT IS PROVIDED,

PLEASE ATTACH EXTRA SHEETS OF PAPER.

BIOGRAPHICAL DATA

FULL NAME: _____

MAILING ADDRESS: _____

CITY, STATE AND ZIP CODE: _____

PHYSICAL ADDRESS: _____

CITY, STATE AND ZIP CODE: _____

E-MAIL ADDRESS: _____

TELEPHONE: Home: (____) _____ Work: (____) _____

Cell: (____) _____

DRIVER'S LICENSE #: _____ STATE: _____

SOCIAL SECURITY #: _____

NAME OF SPOUSE: _____

IF DIVORCED, NAME(S) OF FORMER SPOUSE(S):

HOW LONG HAVE YOU LIVED AT YOUR PRESENT ADDRESS? _____ Years _____ Months

DO YOU OWN OR RENT YOUR HOME? _____ Own _____ Rent

IF RENTING, NAME OF LANDLORD: _____

LANDLORD'S ADDRESS, CITY, STATE, AND PHONE #: _____

GIVE YOUR ADDRESSES FOR THE PAST FIVE YEARS:

Address:	City:	State:	From:	To:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

QUESTIONNAIRE

ANSWER THE FOLLOWING QUESTIONS YES OR NO.

NOTE: ANY "YES" ANSWER MUST BE EXPLAINED IN THE SPACE PROVIDED OR ON A SEPARATE SHEET. INSERT SHEET IMMEDIATELY AFTER THIS PAGE.

- _____ 1. HAVE YOU EVER BEEN CONVICTED OF A FELONY?
- _____ 2. HAVE YOU EVER BEEN CONVICTED OF DOMESTIC VIOLENCE?
- _____ 3. HAVE YOU BEEN CONVICTED OF SHOPLIFTING SINCE THE AGE OF 18?
- _____ 4. HAVE YOU BEEN CONVICTED OF ANY OTHER KIND OF THEFT SINCE THE AGE OF 18?
- _____ 5. HAVE YOU EVER ILLEGALLY SOLD ANY KIND OF DRUG?
- _____ 6. HAVE YOU USED MARIJUANA IN THE PAST TWELVE MONTHS?
- _____ 7. HAVE YOU EVER BEEN CONVICTED OF DRIVING UNDER THE INFLUENCE? IF SO, WHEN? _____
- _____ 8. HAVE YOU EVER BEEN CONVICTED OF WRITING BAD CHECKS?
- _____ 9. HAVE YOU USED ANY *ILLEGAL DRUGS* OR USED ANY *LEGAL DRUGS UNLAWFULLY* DURING THE PAST TEN YEARS?
- _____ 10. HAVE YOU EVER BEEN ARRESTED FOR POSSESSION OF ILLEGAL DRUGS OR UNLAWFUL POSSESSION OF CONTROLLED SUBSTANCES? IF YES, GIVE DETAILS: _____

- _____ 11. HAVE YOU HAD FIVE OR MORE TRAFFIC CITATIONS OTHER THAN PARKING VIOLATIONS DURING THE PAST FIVE YEARS?
- _____ 12. HAVE YOU BEEN INVOLVED IN FIVE OR MORE CRASHES DURING THE PAST FIVE YEARS?
- _____ 13. HAVE YOU EVER BEEN ARRESTED FOR ANY OTHER CRIMINAL OFFENSE? IF YES, WHAT WAS THE CHARGE?

AS AN APPLICANT, YOU WILL BE SUBJECT TO A BACKGROUND INVESTIGATION OF YOUR CRIMINAL HISTORY, CREDIT HISTORY, AND DRIVING RECORD. THE INVESTIGATION MAY INCLUDE A VOICE STRESS ANALYSIS AND/OR POLYGRAPH EXAMINATION. THESE WILL BE USED TO DETERMINE IF ANY OF THE SITUATIONS ABOVE APPLY TO YOU.

EMPLOYMENT

IF PRESENTLY EMPLOYED, ARE YOU WILLING FOR US TO ASK YOUR EMPLOYER ABOUT YOUR WORK?

_____ **YES** _____ **NO**

IF NO, STATE YOUR REASON: _____

BEGINNING WITH YOUR **PRESENT OR MOST RECENT EMPLOYER**, LIST ALL EMPLOYMENT BACK TO YOUR FIRST JOB:

CURRENT
EMPLOYER: _____ PHONE: (____) _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

EMPLOYED FROM: _____ TO: _____ SALARY _____ YR. MO. WK.

REASON FOR LEAVING: _____ JOB TITLE _____

EMPLOYER: _____ PHONE: (____) _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

EMPLOYED FROM: _____ TO: _____ SALARY _____ YR. MO. WK.

REASON FOR LEAVING: _____ JOB TITLE _____

EMPLOYER: _____ PHONE: (____) _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

EMPLOYED FROM: _____ TO: _____ SALARY _____ YR. MO. WK.

REASON FOR LEAVING: _____ JOB TITLE _____

EMPLOYER: _____ PHONE: (____) _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

EMPLOYED FROM: _____ TO: _____ SALARY _____ YR. MO. WK.

REASON FOR LEAVING: _____ JOB TITLE _____

EMPLOYMENT (continued)

EMPLOYER: _____ PHONE: (____) _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

EMPLOYED FROM: _____ TO: _____ SALARY _____ YR. MO. WK.

REASON FOR LEAVING: _____ JOB TITLE _____

EMPLOYER: _____ PHONE: (____) _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

EMPLOYED FROM: _____ TO: _____ SALARY _____ YR. MO. WK.

REASON FOR LEAVING: _____ JOB TITLE _____

EMPLOYER: _____ PHONE: (____) _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

EMPLOYED FROM: _____ TO: _____ SALARY _____ YR. MO. WK.

REASON FOR LEAVING: _____ JOB TITLE _____

EMPLOYER: _____ PHONE: (____) _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

EMPLOYED FROM: _____ TO: _____ SALARY _____ YR. MO. WK.

REASON FOR LEAVING: _____ JOB TITLE _____

EMPLOYER: _____ PHONE: (____) _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

EMPLOYED FROM: _____ TO: _____ SALARY _____ YR. MO. WK.

REASON FOR LEAVING: _____ JOB TITLE _____

MILITARY

HAVE YOU EVER SERVED IN THE MILITARY? ____ Yes ____ No

IF YES, WHAT BRANCH: _____ DATE OF ENLISTMENT: _____

TYPE OF DISCHARGE: _____ DATE OF DISCHARGE _____

RANK AT DISCHARGE: _____ HIGHEST RANK ACHIEVED: _____

LIST ALL NON-JUDICIAL PUNISHMENTS RECEIVED: _____

LIST ALL COURT-MARTIALS: _____

SERVICE IDENTIFICATION NUMBER _____

IF YOU ARE PRESENTLY IN A RESERVE OR NATIONAL GUARD UNIT, GIVE THE NAME AND LOCATION OF YOUR UNIT: _____

RANK: _____ COMMANDING OFFICER: _____

GENERAL INFORMATION

LIST ANY EMPLOYEE(S) YOU KNOW WHO CURRENTLY WORK FOR **THIS** DEPARTMENT:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

GIVE THE NAME OF ANY RELATIVES NOW EMPLOYED BY THE CITY OF FLORENCE, INDICATING YOUR RELATIONSHIP **AND** THE DEPARTMENT FOR WHICH THEY WORK:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

PERSONAL INQUIRY WAIVER, AUTHORITY FOR RELEASE OF INFORMATION, AND CERTIFICATE

To Whom It May Concern:

I respectfully request and authorize you to furnish to the City of Florence any and all information, (including that of a confidential or privileged nature) that you may have concerning me. This includes police records, work records, school records, financial and credit status records, medical and mental records, military records, and other information requested. This information will be used to assist in determining my qualifications and fitness for the position I am seeking with the City of Florence.

Intending to be legally bound hereby, I release you, your organization, and others contacted from any liability or damage which may result from furnishing the information requested. A copy of this authorization carries the same authority as the original.

By my signature below, I hereby certify that there are no willful misrepresentations or falsifications of any information in this application. I am aware that should investigation disclose such misrepresentations or falsifications, my application may be rejected and I may be disqualified from the service of the City of Florence.

DO NOT SIGN UNTIL YOU ARE IN THE PRESENCE OF A NOTARY PUBLIC.

Signature Date

Street Address

City State Zip Code

Before me personally appeared _____, who stated that this document and its intent was explained to him/her, that he/she has full knowledge of its purpose, and that he/she executed this instrument of his/her own free will and accord.

Subscribed and sworn to me in my presence this _____ day of _____, _____.
Month Year

(SEAL)

Notary Public

Date of Commission Expiration

**THE CIVIL SERVICE BOARD
AND THE CITY OF FLORENCE
CONSIDER APPLICANTS FOR ALL POSITIONS
WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX,
NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS,
THE PRESENCE OF A NON-JOB RELATED MEDICAL
CONDITION OR DISABILITY,
OR ANY OTHER LEGALLY PROTECTED STATUS.**

*City of Florence Civil Service Board
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256-760-6360*