

Human Resource Department

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THE CITY OF MARSHALLTOWN IS AN EQUAL OPPORTUNITY EMPLOYER

Firefighter Employment Application

This application is part of the hiring process and is used to compare each candidate using the same information in the same format. Please do not answer any question by writing 'refer to the attached resume'. Submit application via email to the City Human Resource Director at hr@ci.marshalltown.ia.us or mail to the address above – applications must be received **by** the deadline stated below to be considered.

Application and \$15 non-refundable testing fee must be received by Friday, August 11, 2017 at Noon. If submitting application by email, testing fee may be paid on the day of testing. Checks should be made out to the City of Marshalltown.

First: _____ Middle: _____ Last: _____

Current Address: _____ City: _____ State: _____ Zip: _____

Social Security #: _____ Driver's License #: _____ Email: _____

Phone numbers: Home: _____ Cell: _____ Work: _____

Are you available for firefighter testing on Saturday, August 26, 2017? _____ If no, please do not apply as all candidates must participate in testing.

How did you hear about this position? (Please list the specific publication, web site, friend, City employee, etc.)

If you can speak a language in addition to English, please list the language(s) and your degree of fluency:

If hired, you will be required to live within 20 minutes of Marshalltown City limits. Do you currently live within Marshalltown city limits? _____ Do you plan to relocate if offered employment? _____ If no, at normal driving speed, and under normal conditions, how long will it take you to reach City limits from your primary place of residence? _____

Have you been convicted of a violation of the law other than minor traffic offenses? _____ If you answered yes please explain below.

Have you ever been employed by the City of Marshalltown? _____ If yes, list dates of employment, department, and position(s) held.

Do you know anyone who is employed by the City of Marshalltown? _____ If yes, list names, and how you know them:

Are you currently certified as an EMT-Basic or higher in the State of Iowa? _____ Are you nationally certified as an EMT-Basic or higher? _____

Hiring preference may be given to those who do not currently use tobacco products. Do you currently use tobacco products? _____ If yes, will you agree to stop using tobacco products upon hire? _____

VETERANS' PREFERENCE - Complete this section only if you are a US Military veteran and want to claim veterans' preference points. Applicants wishing to have points awarded for military service must submit proof of service including dates of service and type of discharge prior to or at the time of interview. US Military Service dates: From: _____ To: _____ Do you have an honorable discharge? _____ Are you a United States citizen? _____ Are you currently a resident of Iowa? _____ Do you have a service-connected disability or are you receiving compensation, disability benefits, or pension under laws administered by the veterans' administration (an honorably discharged veteran who has been awarded the Purple Heart for disabilities incurred in action shall be considered to have a service-connected disability)? _____

City Use: _____ pd _____ / _____
Check # _____ or Cash

EDUCATION AND TRAINING:

High School Name _____ City _____ State _____ Zip _____
 Course of Study _____ Highest year completed _____ Did you graduate? _____

College Name _____ City _____ State _____ Zip _____
 Course of Study _____ Highest year completed _____ Did you graduate? _____

Other Name _____ City _____ State _____ Zip _____
 Course of Study _____ Highest year completed _____ Did you graduate? _____

If you did not graduate from high school, have you passed a G.E.D. test? _____

Have you ever been discharged from a job? _____ If you answered yes, please explain the circumstances of the discharge(s):

EMPLOYMENT HISTORY - List most recent employer first

Employer _____ City/State _____ Phone _____

Dates Employed _____ Most recent earnings _____ Supervisor _____

Position Title: _____ Job Duties: _____

Reason for leaving: _____ May we contact this employer? _____

Employer _____ City/State _____ Phone _____

Dates Employed _____ Most recent earnings _____ Supervisor _____

Position Title: _____ Job Duties: _____

Reason for leaving: _____ May we contact this employer? _____

Employer _____ City/State _____ Phone _____

Dates Employed _____ Most recent earnings _____ Supervisor _____

Position Title: _____ Job Duties: _____

Reason for leaving: _____ May we contact this employer? _____

REFERENCES

Please list three professional references. References should be able to give an accurate account of work performance. Please do not list relatives. Applicants will be notified prior to references being contacted.

1) Name _____ Working Relationship _____

Years known _____ Email address, if known _____ Phone _____

2) Name _____ Working Relationship _____

Years known _____ Email address, if known _____ Phone _____

3) Name _____ Working Relationship _____

Years known _____ Email address, if known _____ Phone _____

MINIMUM HIRING STANDARDS

To become a firefighter for the City of Marshalltown, Iowa, all the following minimum hiring standards must be satisfied:

- Are you a U.S. Citizen? Yes ___ No ___
- Are you an Iowa resident or intend to become a resident prior to your date of hire? Yes ___ No ___
- Will you be at least 18 years of age on or before August 26, 2017 but not 65 or older? Yes ___ No ___
- Do you hold a valid Iowa drivers license or believe you will be able to obtain one before date of hire? Yes ___ No ___
- Are you currently addicted to drugs or alcohol? Yes ___ No ___
- Are you aware that you will have to pass a pre-employment drug screen to be hired? Yes ___ No ___
- Do you believe that you will be able to pass a pre-employment drug screen? Yes ___ No ___
- Have you ever attempted a deception or fraud in connection with a civil service examination? Yes ___ No ___
- Are you of good moral character? Yes ___ No ___
- Do you have uncorrected vision of not less than 20/100 in both eyes, which vision is corrected or will be corrected to at least 20/30 prior to your date of employment? Yes ___ No ___
- Do you have color vision consistent with the occupational demands of firefighting? Yes ___ No ___
- Do you have normal hearing in each ear Yes ___ No ___ (NOTE: Based on its degree of severity, a medical condition could prevent a person from passing the hearing test [which is part of the state's required physical] if it could present a significant risk to the safety and health of the person or of others.)
- Are you aware that you will be required to be examined by a physician and meet the physical requirements necessary to fulfill the responsibilities of a firefighter? Yes ___ No ___
- Have you read Section 400.17 of the Iowa Code (copy in recruitment brochure)? Yes ___ No ___
- Do you believe that you can fulfill the requirements of Section 400.17? Yes ___ No ___

AGREEMENT: Before you sign this agreement, please read the following carefully:

I have completed this application myself; no one else has completed any part of it for me.

I understand and agree that if I am hired by the City of Marshalltown, I will have my paychecks directly deposited into a checking or savings account(s) rather than receiving paper checks.

The information provided on this application or on any information submitted with this application is true and complete to the best of my knowledge. I agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if later discovered.

In order to permit the City of Marshalltown to make a thorough investigation of my background, personal habits, and character for the purpose of determining my fitness and suitability for employment, I hereby release from liability and promise to hold harmless from any liability under any and all possible causes of legal action, any and all persons or entities who shall furnish any information or opinions regarding my background, personal habits, and/or character, whether or not that individual is specifically listed as a reference on this application.

I hereby authorize any person or entity who may be contacted by the City of Marshalltown, its agents, or employees to release to such agents or employees any information, data, or opinions they may have regarding my background, personal habits, character, qualifications, and/or job performance. I understand that the source of such information or opinions provided to the City of Marshalltown shall be confidential and that the city shall not be required to reveal the content or source of any information or opinions.

I agree to hold harmless and release from liability under any and all possible causes of legal action, the City of Marshalltown, its agents, and its employees, for any statements, acts, or omissions in the course of its investigation into my background, personal habits, and/or character.

I realize that it is necessary for the City of Marshalltown to thoroughly investigate my personal background and qualifications and by applying for employment with the city, I expressly waive all my legal rights and causes of action to the extent that the City of Marshalltown investigation (for purposes of evaluating my suitability for employment) may violate or infringe upon these aforementioned legal rights and causes of action of mine.

This release from liability given by me to the City of Marshalltown, its employees, or agents, and all others as heretofore provided, shall apply to any right of action that might accrue to my self, my heirs, and/or my personal representatives.

Signature: _____ Date: _____