

# CITY OF MARTIN FIRE/RESCUE/EMS APPLICATION





# CITY OF MARTIN FIRE/RESCUE/EMS

106 NEAL STREET  
MARTIN, TENNESSEE 38237

**JAMIE SUMMERS, FIRE CHIEF**

**PHONE: 731-587-4919**

Dear Applicant,

Thank you for your interest in joining the City of Martin Fire/Rescue/EMS. Enclosed in this application package is material relevant to the minimum requirements and the selection process. Applicants are expected to read all the material enclosed in this packet prior to submittal of the application

When applying for the City of Martin Fire/Rescue/EMS, you are encouraged to include copies of your certifications and/or/licenses, if available.

If you have any questions on the application process, feel free to contact the City of Martin Human Resource Department at (731)587-3126 or the office of the Fire Chief at (731)587-4919.

Thank You.

## Application Packet Instructions

1. Return completed application (with any copies of pertinent certifications) and waiver to City of Martin Human Resources.
2. Read job description and sign on last page that you acknowledge the position requirements that you are applying for. Return also to City of Martin Human Resources.



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## MINIMUM ENTRY REQUIRMENTS

AGE:	Must be 18 years of age at the time of hire.
BACKGROUND CHECK:	Shall sign a release authorizing a thorough background check and full disclosure of records, which may include motor vehicle records, employment, criminal or civil, credit, personal education, social media, and references.
CITIZENSHIP:	U.S. (Birth or Naturalized); Ability to read and write the English language.
DRIVING:	Valid driver's license as required by State residency.
DRUG/ALCOHOL:	Shall be free from the use of any controlled substance or the excessive use of alcohol. Must successfully pass the City of Martin drug/alcohol pre-employment screening.
EDUCATION:	Possess a High School diploma or equivalent.
EMPLOYMENT:	Shall have a good employment record.
HEALTH:	Shall be capable of safely and efficiently performing all essential job tasks of an Emergency Medical Personnel under stressful conditions, including hot and cold exposures. Conditional offers are contingent upon a background check and drug screen.
KNOWLEDGE:	Shall complete a written assessment of general knowledge.
LICENSE/CERTIFICATION:	Copies of licensure and certifications, if available, shall accompany the application.
MILITARY:	Veterans must possess an "Honorable" discharge from the branch the service was dedicate to.
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## **AUTHORIZATION FOR THE RELEASE OF INFORMATION**

I, \_\_\_\_\_, **DO HEREBY AUTHORIZE** a review of and full disclosure of all records, or any part thereof, concerning myself, to and by a duly authorized agent of the **CITY OF MARTIN FIRE/RESCUE/EMS**, whether said records are of a public, private, and/or confidential nature.

**THE INTENT OF THIS AUTHORIZATION IS TO GIVE MY CONSENT** for full and complete disclosure of records including, but not limited to, those held by educational institutions, financial institutions, credit institutions or credit agencies, including records of deposits, withdraws, and balances of checking and saving accounts and loans, and also the records of commercial retail agencies (including credit reports and/or credit ratings); medical and/or psychiatric treatment and/or consultations, including records held by hospital(s), clinics, private practitioners, and the United States Veterans Administration; records held by public utilities, employment and pre-employment records, including the results of background investigation reports and polygraph examination results, efficiency ratings and/or performance evaluations, records of complaints and/or grievances filed by or against me, and salary records; real and personal property records, and other financial statements and records, wherever filed; records of complaint, arrest, trial and/or conviction(s) for alleged or actual violations of the law, including criminal and/or traffic offense records, and records of civil nature made by and/or against me, whether representing me or another person in any case in which I presently am involved or have had an interest.

**I REINTERATE 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 of pursuing a background investigation, which may provide pertinent data for the City of Martin Fire/Rescue/EMS to consider in determining my suitability for employment by said department.

**IT IS MY SPECIFIC INTENT TO PROVIDE ACCESS TO PERSONAL INFORMATION**, however personal, private, or confidential it may appear to be, and the source(s) of information specifically identified herein.

**I UNDERSTAND THAT ANY INFORMATION OBTAINED** during the course of the background investigation, which is developed directly or indirectly, in whole or in part, upon this **AUTHORIZATION FOR THE RELEASE OF INFORMATION**, will be considered in determining my suitability for employment with the City of Martin Fire/Rescue/EMS.

**I FURTHER UNDERSTAND** that in the event my employment application and/or resume is disapproved, not considered, or otherwise does not result in my appointment to the City of Martin Fire/Rescue/EMS, the source(s) of confidential information **CANNOT AND WILL NOT BE RELEASED AND/OR REVEALED TO ME.**



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**ADDITIONALLY, I AGREE TO IDEMNIFY AND HOLD HARMLESS** the person(s) to whom this **AUTHORIZATION FOR THE RELEASE OF INFORMATION** is presented and his/her agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of, or by reason(s) for complying with the request for information that this **AUTHORIZATION** provides.

**LASTLY, IT IS FURTHER UNDERSTOOD BY ME THAT A PHOTOCOPY**, including a facsimile (or fax) copy of the actual original of this **AUTHORIZATION FOR THE RELEASE OF INFORMATION** will be valid as an original hereof; even though the said photocopy or facsimile does not contain an original writing of my signature.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Witness)

\_\_\_\_\_  
(Date)

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**NOTARY ACKNOWLEDGEMENT**

State of \_\_\_\_\_

County of \_\_\_\_\_

Personally appeared before me, \_\_\_\_\_, with whom I am personally acquainted, or who produced proper identification, and who acknowledged that he/she executed the within instruments for the purposes therein contained.

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Notary public signature: \_\_\_\_\_

affix stamp here

My commission expires \_\_\_\_\_

# APPLICATION FOR EMPLOYMENT

The City of Martin is an equal opportunity employer and does not discriminate on the basis of race, religion, color, national origin, age, sex, gender, disability or any other characteristic protected by law.

## INTRODUCTORY INFORMATION:

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

## APPLICANT QUESTIONS:

Type of worked desired: \_\_\_\_\_ Salary desired: \_\_\_\_\_ Date Available: \_\_\_\_\_

If hired, can you provide documents required to establish your eligibility to work in the U.S.?  Yes  No

Are you 16 years of age or older?  Yes  No

How were you referred to the City of Martin? \_\_\_\_\_

Have you ever been convicted of, or pled guilty or no contest to, a crime other than a minor traffic violation?  Yes  No

If yes, please explain in detail on a separate piece of paper and include the date of final disposition of the case and the nature of the offense. This information will not necessarily disqualify you from employment but false or misleading information will. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account.

## EDUCATION:

### High School or last grade completed:

Name & Address of School: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Number of years completed: \_\_\_\_\_

Degree/Diploma: \_\_\_\_\_

### College or Technical School

Name & Address of School: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Number of years completed: \_\_\_\_\_

Degree/Diploma: \_\_\_\_\_

### Other Schooling or Training

Name & Address of School: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Number of years completed: \_\_\_\_\_

Degree/Diploma: \_\_\_\_\_

## MILITARY EXPERIENCE:

Branch of Service: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank/Type of Service: \_\_\_\_\_

Special Training/Experience: \_\_\_\_\_

**RECORD OF EMPLOYMENT:**

List positions starting with most recent:

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Position Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Start Date: \_\_\_\_\_ Date Left: \_\_\_\_\_ Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Position Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Start Date: \_\_\_\_\_ Date Left: \_\_\_\_\_ Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Position Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Start Date: \_\_\_\_\_ Date Left: \_\_\_\_\_ Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**WORK-RELATED REFERENCES: (Do not include relatives)**

Name	Occupation	Years Known	Contact Information
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**STATEMENT (Please read this statement carefully before signing this application):**

**I understand this application will be active for the application request time frame; after that time, if I wish to be considered for employment, I must submit a new application. I certify that all the statements in this completed application are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal to hire.**

**Signature of Applicant:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_