

Asheville Fire Department

Application Packet

(Must Accompany City of Asheville Application for Employment)

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June 16, 2010

Asheville Fire Department
PO Box 7148
Asheville, NC 28802

Firefighter Candidate;

Thank you for your interest in applying for the Firefighter position with the Asheville Fire Department. Enclosed is information that will assist you in completing all components of the application packet. All applications that are incomplete will not be considered for employment. In this information is an overview of the hiring process. This information will assist with any questions concerning the types of documentation you must supply to Asheville Fire Department.

The tentative schedule is as follows:

Application Deadline: 5 PM EST, July 9th, 2010
Physical Agility Testing: July 14th-16th, 2010 (Candidate will be scheduled for 1 of the 3 days)
Written Testing: July 16th, 2010
Structured Interviews: July 19th-30th, 2010 (Candidate will be scheduled for 1 of the 10 days)
Final Interview: August 2nd-3rd, 2010

You will be notified of your scheduled assessment dates and times after the application is submitted. The target employment date for successful candidates is August 23rd, 2010.

If you have any questions concerning the application or testing process, please contact Division Chief Barry Hendren at 828-259-5646 or email bhendren@ashevillenc.gov.

Sincerely,

Scott Burnette
Fire Chief
Asheville Fire Department

FIREFIGHTER
ASHEVILLE FIRE DEPARTMENT
City Of Asheville

Starting Salary: \$28,492.58

Serve as a member of the Asheville Fire Department responsible for responding to fire, rescue, emergency medical, hazmat and other emergency calls on a twenty-four hour shift work schedule. Train in methods and techniques for use and operation of emergency equipment, extinguishing fires, mitigating disasters, administering emergency medical care, and maintaining station equipment and quarters. Applicant must be 18 years of age, a US citizen, and have a valid Driver's License with the ability to obtain a NC Driver's License within 30 days of employment. Applicant must submit a complete firefighter application package which can be downloaded from www.ashevillenc.gov/fire or picked up in the Human Resources Dept, 6th floor City Hall, 70 Court Plaza, Asheville, 28801. Selection includes work capacity and ability testing, cognitive skills testing, interpersonal skills assessment, drug testing, complete background investigation and interviews. Complete application packets will be accepted in Human Resources until 5:00 pm EST on July 9, 2010. Candidates must be available multiple times for testing & interviews between July 19th and August 3rd. These assessments will be intermittently scheduled between these dates. Targeted position start date is: August 23, 2010.

**City of Asheville Fire Department
Summer 2010 FIREFIGHTER HIRING PROCESS
OPENING POSTED 6/16/2010 – OPENING CLOSES 7/9/2010**

1. Candidates submit a City of Asheville firefighter application package to the **Human Resources Department** by the deadline date along with all of the following documents:
 - Copies of all records of any misdemeanor charges in the past seven years, and any felony charges ever.
 - Candidates with military experience during the past twenty years must submit copy of their DD 214 Form
 - Signed release form for background investigation
 - Completed personal history statement as provided in the package.
 - Completed notarized waiver and release form for physical testing.
2. Entire completed application package must be returned to the **Human Resources Department** by 5:00pm on July 9, 2010. Any application received after this date will be eliminated. Any candidate with an incomplete application package will be eliminated from the hiring process.
3. Testing will occur between July 14th through August 3rd. All qualified candidates will be scheduled by the Training Division for a series of physical testing which will include "Push-ups and Sit-ups". This testing will also include four "Skills Evaluations" and "The Pack Test". An explanation of these physical testing skills is included in this packet. All candidates who successfully complete this series will be eligible to sit for written exams. The location and date of this testing will be provided to you.
4. A panel of fire department staff members will interview successful candidates. A set of standardized questions will be asked of the candidates. Panel members will keep careful documentation and successful candidates will be scheduled for another interview with the Fire Chief and Assistant Fire Chief.
5. AFD will send notification letters to candidates as they are eliminated throughout the process. Please do not contact the fire department. Letters of offer will be made as appropriate.
6. Start date for hired candidates is targeted for August 23rd, 2010.

**STATE OF NORTH CAROLINA
COUNTY OF BUNCOMBE
WAIVER AND RELEASE**

WHEREAS, the undersigned has applied for a position with the City of Asheville Fire Department; and

WHEREAS, the undersigned acknowledges that a firefighter must be in certain physical condition in order to perform his or her duties for the City; and

WHEREAS, the undersigned is required to participate in certain activities to test the undersigned physical capabilities before receiving an offer of employment; and

WHEREAS, the undersigned acknowledges that he or she may receive certain physical injuries from participating in the events; and

WHEREAS, the undersigned acknowledges that successfully completing these tests in no way guarantees employment with the City of Asheville; and

WHEREAS, In consideration of the City of Asheville considering my employment application, I acknowledge that by signing this document, I release the City of Asheville and the Asheville Fire Department and their officers, officials and employees and agents from any liability whatsoever. I agree hold harmless on behalf of myself, my heirs, executors, administrators, legal representatives, assignees and successors in interest from any and all rights which may hereafter accrue to me and from any and all damages which may be sustained by me directly or indirectly in connection with or arising out of my participation in or with the tests used in the firefighter' selection process; and

WHEREAS, I acknowledge that I voluntarily choose to participate in the following physical tests:

1. pushups
2. sit-ups
3. Climbing a raised 75' aerial ladder
4. Dragging a 165 pound mannequin 70'
5. Carrying two gas powered chain saws 75'
6. A three mile walk carrying a 45 pound pack; and

WHEREAS, I understand that I have an opportunity to observe tests 1-6 before being asked to complete them; and,

WHEREAS, this release form has legal consequences; I have read it carefully before signing it.

Signature _____ Date _____

This section to be completed by a Notary Public

I, _____, a Notary Public for said

County and State, do hereby certify that

personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal, this the _____ day of _____, 2010.

(Official Seal)

Notary Public _____



AFD PERSONAL HISTORY STATEMENT

Instructions: Using a typewriter or legibly printing in ink, fill out this form completely and accurately. If you need extra space, add additional pages and identify the information by item number. If an item does not apply to you, indicate by entering N/A in the blank.

Note: All statements are subject to verification and any incorrect statements or omissions may bar or remove you from employment. Truthful statements to any item requested will not necessarily exclude you from consideration.

Position(s) applied for: Firefighter

Today's Date: _____

PERSONAL

1. Name:

First Middle Last

Nicknames or Aliases _____

2. Present Mailing Address:

Street & Number City State
Zip

Permanent Mailing Address:

Street & Number City State
Zip

3. Have you previously submitted an application for employment with the Asheville Fire Department?

Yes

No

Approximate Date: _____

EDUCATIONAL BACKGROUND

4. Indicate below the schools you have attended. (Include incomplete courses)

Name Address (City, State, & Zip)	No. of Years Completed	Dates Attended	Graduated	Degree Awarded	Major Field
High School <hr/> <hr/> <hr/> <hr/> <hr/>					
University or College(s) <hr/> <hr/> <hr/> <hr/> <hr/>					
Extension or Correspondence Courses <hr/> <hr/> <hr/> <hr/> <hr/>					

5. If you did not graduate from high school, have you passed the General Education Development (GED) Test? Yes No

***If yes, when and where did you complete the GED?**

Note: Questions included in the next section are intended to assist in the conducting of a background investigation and are not intended for use by the employing agency as disqualifying factors for employment.

RESIDENCES

6. List addresses for the past 10 years, starting with your present address at the top (attach extra sheets if necessary):

From Mo/Yr	To Mo/Yr	Address of Residence	City/State/Zip	Landlord/Phone Number

WORK HISTORY

7. Have you ever been denied employment by a public safety agency (attach extra sheets if necessary)? Yes No

If yes, list agency name and give details:

8. If you have ever been discharged or requested to resign from any position because of criminal or personal misconduct or rules violation, give details (attach extra sheets if necessary):

9. Do you object to wearing a uniform? Yes No

10. Do you object to working nights? Yes No

11. Do you object to working 24 hour shifts? Yes No

12. Do you object to occasionally being away from home overnight and for other periods of time attending meetings, acquiring training and otherwise performing official duties?

Yes No

13. List all jobs you have held in the last ten years. List your present or most recent job first. If you need more space, you may attach additional sheets. Include military service in proper time sequence and temporary part-time jobs.

A. Title of present or last position: _____
 Starting Salary \$ _____ Last Salary \$ _____

Date Employed		Name and Title of Supervisor:		No. employees supervised by you
Date Separated		Employer:		Complete Address:
Full Time	Years	Months	Duties:	
Part Time	Years	Months		
If part-time, number of hours worked per week:			Reason for Leaving:	

B. Title of present or last position: _____
 Starting Salary \$ _____ Last Salary \$ _____

Date Employed		Name and Title of Supervisor:		No. employees supervised by you
Date Separated		Employer:		Complete Address:
Full Time	Years	Months	Duties:	
Part Time	Years	Months		
If part-time, number of hours worked per week:			Reason for Leaving:	

C. Title of last position: _____

Starting Salary \$ _____

Last Salary \$ _____

Date Employed		Name and Title of Supervisor:		No. employees supervised by you
Date Separated		Employer:		Complete Address:
Full Time	Years	Months	Duties:	
Part Time	Years	Months		
If part-time, number of hours worked per week:			Reason for Leaving:	

D. Title of last position: _____

Starting Salary \$ _____

Last Salary \$ _____

Date Employed		Name and Title of Supervisor:		No. employees supervised by you
Date Separated		Employer:		Complete Address:
Full Time	Years	Months	Duties:	
Part Time	Years	Months		
If part-time, number of hours worked per week:			Reason for Leaving:	

E. Title of last position: _____

Starting Salary \$ _____

Last Salary \$ _____

Date Employed		Name and Title of Supervisor:		No. employees supervised by you
Date Separated		Employer:		Complete Address:
Full Time	Years	Months	Duties:	
Part Time	Years	Months		
If part-time, number of hours worked per week:			Reason for Leaving:	

F. Title of last position: _____

Starting Salary \$ _____

Last Salary \$ _____

Date Employed		Name and Title of Supervisor:		No. employees supervised by you
Date Separated		Employer:		Complete Address:
Full Time	Years	Months	Duties:	
Part Time	Years	Months		
If part-time, number of hours worked per week:			Reason for Leaving:	

G. Title of last position: _____

Starting Salary \$ _____

Last Salary \$ _____

Date Employed		Name and Title of Supervisor:		No. employees supervised by you
Date Separated		Employer:		Complete Address:
Full Time	Years	Months	Duties:	
Part Time	Years	Months		
If part-time, number of hours worked per week:			Reason for Leaving:	

H. Title of last position: _____

Starting Salary \$ _____

Last Salary \$ _____

Date Employed		Name and Title of Supervisor:		No. employees supervised by you
Date Separated		Employer:		Complete Address:
Full Time	Years	Months	Duties:	
Part Time	Years	Months		
If part-time, number of hours worked per week:			Reason for Leaving:	

USE OF ALCOHOL OR DRUGS

NOTE: In questions 14, 15, 16, and 17, the words "drink" or "used," mean "one time or more, including experimentation." If any answer is yes, give full and complete details (attach extra sheets if necessary.)

14. Do you drink alcoholic beverages? Yes No

If yes, to what degree? _____

15. Have you ever used marijuana? Yes No

If yes, what were the circumstances? _____

16. Have you ever used any illegal drugs including but not limited to opiates, pills, heroin, cocaine, crack, LSD, etc.? Yes No

If yes, what were the circumstances? _____

17. Have you ever used prescription drugs other than under the supervision of or as prescribed by a physician? Yes No

If yes, please explain the circumstances? _____

CRIMINAL OFFENSE RECORD AND DISCIPLINARY ACTIONS

NOTE: Include all offenses other than minor traffic offenses. **The following are not minor traffic offenses and must be listed below: DWI, DUI (alcohol or drugs), failure to stop in the event of an accident, and driving while license was permanently revoked or permanently suspended.**

Answer all of the following questions completely and accurately. Any falsifications or misstatements of fact may be sufficient to disqualify you. If any doubt exists in your mind as to whether or not you were arrested or charged with a criminal offense at some point in your life or whether an offense remains on your record, you should **answer "Yes"**. You should answer "No" **only** if you have never been arrested or charged, or your record was expunged by a judge's court order.

18. Have you ever been convicted of a criminal offense? (attach extra sheets if necessary)

Yes

No

If yes, give details below:

A. Offense Charged: _____ Law Enforcement Agency _____

Date: _____ Disposition of the Case _____

B. Offense Charged: _____ Law Enforcement Agency _____

Date: _____ Disposition of the Case _____

C. Offense Charged: _____ Law Enforcement Agency _____

Date: _____ Disposition of the Case _____

19. Have you ever been convicted of a felony?

Yes

No

If yes, give details: _____

20. Have you ever been placed on probation?

Yes

No

If yes, give details: _____

21. Have you ever been required to pay a fine in excess of \$50.00 (this does not include court costs)?

Yes

No

If yes give details: _____

22. Can you operate a motor vehicle?

Yes

No

23. Do you possess a valid driver's license from the State of North Carolina?

Yes No

Driver's License Number: _____ Year Issued _____

24. Do you possess a valid driver's license issued by any state other than North Carolina?

Yes No If yes, give state and number

Driver's License Number: _____ State: _____ Year Issued _____

25. Was your license ever suspended or revoked?

Yes

No

If yes, which state and give reasons: _____

26. Was your license ever restored? Yes No When: _____

27. Have your driving privileges ever been restricted? Yes No

If yes, give details: _____

28. Briefly explain your reasons for applying for this position: _____

29. List special skills, training, fields of work for which you are licensed, registered, or certified, and hobbies which may be useful in the performance of the duties of the position for which you have applied:

FIRE ACADEMY

30. Have you successfully completed a community college, municipal, local government, state, federal, or other government fire academy that included as a minimum NFPA 1001 Firefighter 1 and 2? Yes No

31. If yes, please complete the following information:

Name of Academy: _____

Location of Academy: _____

Dates of Attendance: _____

Academy Contact Name: _____

Academy Contact Number: _____

REFERENCES

32. Give the name of five responsible persons, other than relatives or past employers, who could provide information about your character, ability, experience, personality and other qualities.

Name	Address	Phone Number
1.		
2.		
3.		
4.		
5.		

I certify to the best of my knowledge and belief that the information given truly represents my background and experience. I understand that if I have knowingly misrepresented or falsified any information I may be disqualified for employment consideration or dismissed from employment with the City of Asheville.

Signature

Date

Work Capacity and Ability Testing
Asheville Fire Department
Summer 2010

The work capacity testing utilized by the Asheville Fire Department will evaluate the level of fitness of potential trainees. The testing will involve three physical fitness evaluations, as well as four skill/physical evaluations. The physical fitness evaluations will consist of 1) Push ups, 2) Sit-ups, 3) The Pack Test. The evaluations must be completed properly within the allotted time to progress to the next phase of the testing. Candidates will be allowed one attempt at each evaluation; if unsuccessful the candidate will be eliminated.

General Information

- All candidates must sign a Work Capacity Testing Release Form prior to beginning any portion of the testing. This release is included in this packet above and certifies that the candidate is physically conditioned to participate in testing.

- All candidates should be in good general physical condition and should not participate in the testing process if they have a history of cardiovascular problems, chest pain, severe bone/joint damage, or any other serious medical condition.

- Copies of this document will be available to all candidates at the test location. All skill evaluations and physical fitness evaluations can be demonstrated by your evaluator prior to beginning the test. (Complete Pack Test not included)

- To ensure scoring accuracy, in all timed events there will be two AFD timekeepers, one primary, the other a back up in the event of a mechanical failure.

- The timekeeping of the AFD Evaluator will be considered the correct time in all evaluations.

Test One "Push Ups"

- The candidate starts from the "up" position.
- Hands should be placed on the floor at shoulder width apart.
- The body should be held in a straight line with arms fully extended.
- The candidate will lower his/her body until their chest is slightly above the exercise mat. (approximately two inches)
- The candidate will then push up to the starting position.
- The movement will be completed as many times as the candidate is able in 60 seconds.
- Candidates must complete a minimum of **15** correct push-ups to successfully complete this evaluation. The evaluator will not count any repetitions that the candidate does not hold the body/back straight, fully extend their arms, maintain hands shoulder width apart, or return to the "up" position.
- Candidate may only rest in the "up" position.
- The candidate will be provided with a demonstration of a correct pushup prior to the beginning of the evaluation.

Test Two "Sit-Ups"

- The candidate will lie in a supine position, with knees bent at a right angle, and feet shoulder width apart. The candidate will place their hands behind the head and hands must stay behind the ears at all times. The candidates' elbows must point towards their knees. ,
- The hands and elbows must remain in these positions for the duration of the test. If the candidate's hands move beyond their ears that repetition will not count.
- Every candidate will have each ankle held by an evaluator to ensure that the heels are always touching the mat.
- A correct sit-up will consist of beginning in, the supine position and rising to a position where the elbows touch the knees, and returning to the supine position.
- The movement will be completed as many times as the candidate is able in 120 seconds.
- Candidates must perform a minimum of **25** correct continuous sit-ups to successfully complete this evaluation. No rest periods allowed;
- The evaluator will not count any sit-ups in which the candidate exhibits a rocking or bouncing motion, or their buttocks do not remain in contact with the mat. .
- The candidate will be provided with a demonstration of a correct sit-up prior to the beginning of the evaluation.

Test Three "Skill Evaluations"

Skills Evaluation General Information

- Throughout the skill evaluations the candidate will wear helmet, work gloves, and footwear with no open heel or toe.
- To ensure scoring accuracy, in all timed events there will be two AFD timekeepers, one primary, the other a back up in the event of a mechanical failure.
- The timekeeping of the AFD Evaluator will be considered the correct time in all evaluations.
- Gloves and helmets will be provided for all candidates at the test site. All candidates must complete the following skill evaluations.
 1. Aerial Ladder Climb
 2. Simulated Rescue
 3. Equipment Carry

Section 1 "Aerial Ladder Climb"

- The candidate will successfully climb an aerial ladder that is at a minimum of 75 feet in the air and at no greater than 70-degree angle of incline.
- Any candidate who does not complete the climb to the top of the ladder will be considered eliminated.
- A demonstration of proper technique will be allowed prior to beginning the evaluation.
- The aerial ladder climb is a pass/fail evaluation with a maximum time limit of **5 minutes**.

Section 2 "Simulated Rescue"

- This skill demonstrates the task of removing a victim from a fire scene. This skill will test the endurance and strength of the candidate.
- The candidate will grasp an approximately 165-pound rescue mannequin by the handles on the shoulder(s) or the harness attached to the mannequin.
- The candidate will drag the mannequin 35 feet to a pre-positioned drum, at the drum make a 180-degree turn and continue the drag to the original starting point.
- A demonstration of proper technique will be allowed prior to beginning the evaluation.
- The simulated rescue drag is a pass/fail evaluation with maximum time limit of **2 minutes**.

Section 3 "Equipment Carry"

- This skill simulates the task of carrying power tools from a fire apparatus to an emergency scene and then returning the tools to the apparatus
- This skill will test strength and endurance of the candidate
- The candidate will remove 2 gas-powered saws, one at a time, from a compartment of an apparatus, and place each saw on the ground.
- The candidate will pick up both saws and carry them a distance of 75 feet from the starting point around a drum and returning to the starting point.
- Upon returning to the apparatus the candidate will place both saws back into the compartment that the saws came from
- A demonstration of proper technique will be allowed prior to beginning the evaluation.
- The equipment carry is a pass/fail evaluation with maximum time limit of **2 minutes**.

Test Four “Pack Test”

- The Pack Test is a fast paced 3-mile walk over level terrain carrying a 45-pound pack
- A pack will be provided for all candidates by AFD
- The candidate will be allowed to adjust the straps/belts for proper fit
- Candidates are not allowed to unzip the packs
- The pack will be weighed and assembled by AFD personnel only
- AFD recommends that all candidates dress properly for the evaluation including footwear, comfortable ankle high footwear is recommended
- No running or jogging is allowed during the Pack Test
- AFD will provide drinking water for all candidates, but it is the responsibility of the individual candidate to be properly hydrated prior to testing. Candidates may carry a water bottle, but is not considered part of the 45-pounds required for the test.
- Candidates must complete the three-mile walk in **45 minutes** or less to be successful. This standard is based upon the findings of the US Forest Service.

WRITTEN TESTING

Two instruments will be used in this hiring process to measure cognitive ability and human interaction skills.

- **FIRETEAM**
- **FPSI**

Background Orientation for FIRETEAM Testing

FIRETEAM Testing System was developed to measure specific aptitudes important to the occupation of firefighter and emergency response personnel. The FIRETEAM test will measure your human interaction skills. This test was developed through rigorous research with many panels of experienced firefighting and fire service professionals. You don't need experience to answer the questions in this test. Common sense is always your best guide.

Character is important to us. You will be required to sign a security and confidentiality agreement stating that you have not and will not violate test security through coaching or exchange of specific information about test items. Breach of this agreement is subject to prosecution under federal copyright law and would be viewed as an unacceptable integrity failure for an employee or prospective employee.

The answer sheet is machine scored so mark only one answer for each question and fill in the circle completely. If you mark more than one answer, you will get the question wrong. If you don't know the answer to a question, the best strategy is to guess because you may get it right anyway and you will definitely get it wrong if you don't answer.

FIRETEAM Video Based Human Relations test

40 Scenarios, 115 Questions, 80 minutes

Part I

FIRETEAM Video-Based Human Relations Test focuses on teamwork and human relations skills and was specifically designed for firefighters. You will watch a video segment, and then choose the BEST course of action in a multiple choice format. Once you have chosen the BEST possible course of action, you will be asked to identify the WORST possible course of action. This test is presented on video and the items play without stopping. You will have 10 seconds to answer each question.

You don't need experience to answer these questions. FIRETEAM -Video-Based Human Relations Test is not intended to be a test in any way of your knowledge of policy or technical aspects of the job. Any such information that may be needed to answer a question is provided in the test. For instance, in the video you will hear firefighters instructing business owners about safety requirements. You are not expected to know anything other than what is stated. Base your answers only on information given in the test and your own common sense.

FIRETEAM Video-Based Human Relations Test is not meant as training or as an example of how firefighters should handle their jobs. In some cases, you will see firefighters who make poor choices about what to do.

Also, none of the questions or answers is meant to be tricky. Although all the answers may not be equal in terms of common sense, they would all be choices available to the firefighter. In no case is an answer wrong because the choice would not be possible. For instance, a firefighter can make decisions based on circumstances about how to work with members of the public in enforcing safety regulations.

Part II

In addition to answering the questions on Part I of FIRETEAM Video-Based Human Relations Test, you will be instructed to observe the behaviors of the individual firefighters portrayed. You will have the opportunity to observe behavior on multiple occasions for many of the firefighters. Part II of FIRETEAM Video-Based Human Relations Test consists of questions about these firefighters and their behaviors. Part II is on the same video and immediately follows Part I.

FIRETEAM Practice Test

For more detailed information and 30+ practice items with discussion, visit the FIRETEAM website at www.fireteamtest.com

Background Information for FPSI Testing

Successful entry-level firefighter candidates need much more than physical strength and procedural knowledge. Fire & Police Selection, Inc. (FPSI) has developed the Comprehensive Examination Battery (CEB), a series of exams that measure the skills, abilities, and personal characteristics that comprise a successful firefighter.

The CEB was developed with the assistance of over 200 fire departments across the country. Through a careful screening process, the CEB focuses on a number of skills and traits deemed relevant to superior job performance, including cognitive ability, reading ability, and selected personal characteristics.



CITY OF ASHEVILLE APPLICATION FOR EMPLOYMENT

(PLEASE PRINT)

BE SURE TO GIVE ACCURATE AND COMPLETE INFORMATION. FAILURE TO DO SO MAY RESULT IN THE REJECTION OF YOUR APPLICATION. IT IS IMPORTANT THAT YOU FILL OUT ALL SECTIONS OF THIS APPLICATION COMPLETELY AND TO THE BEST OF YOUR ABILITY. YOUR APPLICATION WILL BE USED AS A PART OF THE EVALUATION PROCESS AND, THEREFORE, SHOULD REPRESENT YOUR BEST EFFORT. YOU MAY ATTACH A RESUME, BUT THIS APPLICATION MUST BE COMPLETED IN IT'S ENTIRETY.

Current Information

Position applied for: _____ Date: _____

Date Available: _____

Circle all that apply: Full Time Part Time Temporary Summer

NAME: _____
Last
First
Middle

ADDRESS:

Street & No. or P.O. Box City State Zip

TELEPHONE: (____) _____ (____) _____ (____) _____
Home
Cell
Business

_____ E-mail Address

Education

Name/Location

High School/GED _____

Yrs Completed _____ Diploma _____ Major _____

College/University _____

Yrs Completed _____ Degree _____ Major _____

Grad/Professional _____

Yrs Completed _____ Degree _____ Major _____

Skills & Certifications

List or attach resume with any skills & certifications that may be relevant. (EX: Computer Software, Equipment, Licensures)

General Information

A. Have you ever been employed with the City of Asheville?
If yes, what dept. & when?

B. Are you related by blood or marriage to any City employee?
If yes, give name, relationship and department.

C. Have you ever been convicted of an offense against the law other than a minor traffic violation?
If yes, please explain.

NOTE: A conviction record will not necessarily exclude you from employment. The offense and how recently you were convicted will be evaluated in relation to the job for which you are applying.

Employment

Record your complete work history in the spaces below. Begin with your current or most recent employer first. Be sure to account for gaps in your employment history. Related volunteer experience should also be listed.

A. CURRENT OR MOST RECENT EMPLOYMENT (or explain gap in employment)

Job Title _____

Starting Salary _____ Last Salary _____

Name & title of supervisor _____

Phone (_____) _____ No. of employees you supervise _____

Employer /Company _____

Address _____

Date Employed ___/___/___ Date Separated ___/___/___ Hours Per Week _____

Main Duties

Reason for leaving

B. NEXT MOST RECENT EMPLOYMENT (or explain gap in employment)

Job Title _____

Starting Salary _____ Last Salary _____

Name & title of supervisor _____

Phone (_____) _____ No. of employees you supervise _____

Employer /Company _____

Address _____

Date Employed ___/___/___ Date Separated ___/___/___ Hours Per Week _____

Main Duties

Reason for leaving

C. NEXT MOST RECENT EMPLOYMENT (or explain gap in employment)

Job Title _____

Starting Salary _____ Last Salary _____

Name & title of supervisor _____

Phone (____) _____ No. of employees you supervise _____

Employer /Company _____

Address _____

Date Employed ___/___/___ Date Separated ___/___/___ Hours Per Week _____

Main Duties

Reason for leaving

References

(1) Name _____ Phone (____) _____

(2) Name _____ Phone (____) _____

(3) Name _____ Phone (____) _____

Pre-Employment Authorization (Read Carefully)

I certify, to the best of my knowledge and belief, the information given truly represents my background and experience. I understand that if I have knowingly misrepresented or falsified any of the application information I may be disqualified for employment consideration or dismissed from employment with City of

Asheville. I authorize my former employer to give any information regarding my employment. I have authorized them to release my records and discuss my work performance with representatives of the City of Asheville who are investigating the response provided herein. I understand that proof of my eligibility for

employment in the United States must be furnished before I begin work with the City of Asheville. I understand that North Carolina state law requires male applicants for employment, 18 to 26, to register for military service. By signing below I certify that I am in compliance with state law. I understand that a

pre-employment drug screen and physical are required.

Signature _____

Date _____

APPLICANT INFORMATION FORM

The City of Asheville is an Equal Opportunity Employer. The City of Asheville prohibits discrimination on the basis of sex, race, color, religion, national origin, age or disability. The information requested below is voluntary and failure to supply this information will not affect you as an applicant unless it is determined to be a bona fide occupational qualification. The sole purpose of this information is to measure the success of our recruitment efforts in reaching all segments of the population and to comply with reporting requirements of the Equal Employment Opportunity Commission. **This form will be separated from your employment application and will not be used in any way in our selection process or for any personnel action following employment.**

HOW DID YOU LEARN OF THIS OPENING

(Please check all which apply)

Newspaper (which one?) _____

Professional Magazine or Newsletter (which one?) _____

Employment Security Commission (which city) _____

Radio (which station) _____

TV (which station?) _____

Internet (Which site) _____

Career/Job Fair (specify) _____

Other _____

EEO CATEGORY – check one

- Hispanic or Latino
- White (Not Hispanic)
- Black or African American
- Asian or Pacific Islanders
- American Indian or Alaska Native
- Two or more Races

SEX: Male Female

YOUR AGE CATEGORY: 14 or older 18 or older

40 or older 65 or older