



Gulf Park Estates-St. Andrews Fire Department
1401 Elm St.
Ocean Springs, MS 39564
Phone (228)872-5341 Fax (228)872-5341

Please type or print in ink. Applicants are not required to give any information that is prohibited by federal, state, or local law. No information given on this application will be used in a discriminatory manner.

Personal Information			
Last Name	First Name	Middle Name	Today's Date
Street Address	City	State	Zip Code
Home Phone: (____) _____ - _____	Are you a United States Citizen or legally eligible to work in the U. S.? ____Yes ____No <i>(if accepted, you will be required to provide documentation that you are eligible to work in the U.S.)</i>		
Work Phone: (____) _____ - _____			
Other: (____) _____ - _____			
Divers License: State _____ Number _____ Social Security Number: _____ - _____ - _____ Date of Birth: ____/____/____			
Title of Position Applying For VOLUNTEER FIREFIGHTER			Date Available to Work:
Have you ever been convicted of a felony? ____YES ____NO If yes, please provide the following for each offense: (a) Charge/description of crime (b) the date of conviction (c) the city and state, and (d) the action taken.			
Are you currently employed? ____YES ____NO If YES, when can you start?			

Name and Location	# Years Completed	Major Area of Study	Degree/Diploma
High School			
College			
Graduate School			
Technical/Certificate Programs			

Employment History

Please provide the following information for your previous three employers, beginning with the most recent:

Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Job Duties:	
Reason for Leaving:		

Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Job Duties:	
Reason for Leaving:		

Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Job Duties:	
Reason for Leaving:		

Describe your qualifications for the type of employment you are seeking: (Please include skills, special training, etc.)

Please list any special awards, honors, scholarships, or offices held:

References		Please list names of supervisors, managers, or others who can comment directly on your abilities. (NOT RELATIVES)		
Name	Address	Phone #	Relationship/Occupation	Years Known

Previous Injuries: _____

Medications: _____

Allergies _____

Blood Type _____

Vaccines: _____

Emergency Contact: _____ Phone# _____ - _____ - _____

ACKNOWLEDGMENT:

I do hereby acknowledge that membership in the Gulf Park Estates/St. Andrews Fire Department is a privilege, bearing certain responsibilities and obligations. I also recognize that attendance to meetings, training, and work sessions are as much my responsibilities as the response to a fire call, or other incidents. I accept the responsibility as a member to respond to all legitimate request, and orders of the officers of the Fire Department. I furthermore agree to abide by, and obey all provisions of the Department Charter, By-Laws, and all Rules and Regulations duly enacted.

Signature: _____ Date: _____

Witness: _____ Date: _____

AGREEMENT

I certify that all the foregoing statements are complete, true, and correct. In consideration of the position sought, I hereby authorize the Gulf Park Estates-St. Andrews Fire Department to investigate and request former employment to furnish any information concerning me, and I release them from any and all liabilities or damages due to furnishing truthful information.

I hereby agree, on request to undergo physical examination by a physician designated by the Department at the Department's expense and to also undergo future physical examinations that the Department may require for continued membership, and to be photographed. I further agree that I will submit to pre-employment drug testing, and if I am accepted, I understand that I may be subject to future drug testing pursuant to policies of Gulf Park Estates-St. Andrews Fire Department. I understand and agree to a pre-employment review of my motor vehicle record and, if I am able to operate Department vehicles or other similar equipment, to a periodic review of my motor vehicle record. I agree to conform to the rules and regulations of the Department and understand that my membership may be terminated with or without cause and with or without notice at any time, in accordance with the Department SOG's. I further understand that no employment contract exists or is created by the implementation of any Department personnel policies and that no representative of the Department has authority to enter into an agreement with me for membership of any specified period of time, or to make any agreement with me; contract to the foregoing; and also that any employee of GPE/SA FD may be terminated at any time with or without cause.

In addition, I understand that this employment application is not an employment contract. I understand that misrepresentation or omission of facts, is cause for rejection of the application, or dismissal, if discovered after I am hired.

Signature of Applicant

Date