

KARNS FIRE DEPARTMENT

P.O. BOX 7184 * KNOXVILLE, TN * 37921
BUSINESS # (865) 691-1333 * BUSINESS FAX (865) 691-1039
KARNS * HARDIN VALLEY * SOLWAY * BALL CAMP

APPLICATION FOR EMPLOYMENT

PLEASE PRINT

PLEASE PRINT

APPLICANT INFORMATION

Name _____ Social Security Number _____ - _____ - _____
Street Address _____ City _____ ST _____ Zip _____
Cell Phone (____) _____ Home Phone (____) _____ Work Phone (____) _____
Date of Birth ____/____/____ Driver's License Number _____ State _____

EMERGENCY NOTIFICATION

In Case of Emergency, Notify _____ Relationship _____
Telephone Number _____
If above cannot be reached, Notify _____ Relationship _____
Telephone Number _____

EMPLOYMENT HISTORY

Current Employer _____ Supervisor _____
Employment Dates _____ to _____
Address _____ City _____ ST _____ Zip _____
Telephone _____ May we contact this employer Yes No

Previous Employer _____ Supervisor _____
Employment Dates _____ to _____
Address _____ City _____ ST _____ Zip _____
Telephone _____ May we contact this employer Yes No

Previous Employer _____ Supervisor _____
Employment Dates _____ to _____
Address _____ City _____ ST _____ Zip _____
Telephone _____ May we contact this employer Yes No

Previous Employer _____ Supervisor _____

Employment Dates _____ to _____

Address _____ City _____ ST _____ Zip _____

Telephone _____ May we contact this employer Yes No

EDUCATIONAL EXPERIENCE

Do you have either a high school diploma or G.E.D.? (Circle YES NO) **Attach a copy of your diploma**

Did you attend college? (Circle YES NO) Type of Degree or Hours: _____

College Attended _____

EMERGENCY SERVICE EXPERIENCE

Are you a certified firefighter in Tennessee? _____ Another State? _____, Where _____

Level of Certification _____ **Attach copies of certifications**

Do you hold licenses or certifications in any of the following?

CPR _____ 1ST RESPONDER _____ EMT _____ EMT-IV _____ PARAMEDIC _____ VEHICLE EXTRICATION _____ HAZMAT _____

Attach copies of these licenses and/or certifications

PAST EMERGENCY SERVICE AGENCY AFFILIATIONS (NOT LISTED ABOVE)

Agency _____ Telephone _____

Address _____ City _____ ST _____ Zip _____

Dates Served _____ to _____ CHECK ALL THAT APPLY: Fire _____ EMS _____ Rescue _____ Law Enforcement _____
May we contact? Circle one YES NO

Agency _____ Telephone _____

Address _____ City _____ ST _____ Zip _____

Dates Served _____ to _____ CHECK ALL THAT APPLY: Fire _____ EMS _____ Rescue _____ Law Enforcement _____
May we contact? Circle one YES NO

Agency _____ Telephone _____

Address _____ City _____ ST _____ Zip _____

Dates Served _____ to _____ CHECK ALL THAT APPLY: Fire _____ EMS _____ Rescue _____ Law Enforcement _____
May we contact? Circle one YES NO

INTEREST / SKILLS

There are many operations and personal skills that make an organization successful. Listed below are some of those skills. *Check all that apply that you may be interested in pursuing:*

Apparatus Maintenance _____ Equipment Maintenance _____ Public Education _____ Fire Investigation _____

Photography _____ Finances _____ Training _____ Record Keeping _____

Administration _____ Pre-planning _____ Station Work _____ Computer _____

Other _____ Explain _____

REFERENCE INFORMATION

Please provide the names of individuals, other than relatives, that can vouch for your character.

- 1. Name _____ Address _____ Telephone _____ Yrs. Known _____
- 2. Name _____ Address _____ Telephone _____ Yrs. Known _____
- 3. Name _____ Address _____ Telephone _____ Yrs. Known _____

CRIMINAL HISTORY

Have you ever been charged/convicted of a felony or misdemeanor? YES NO. If yes, list crime(s) for which charged/convicted, date, and location.

Have you ever received a traffic citation, other than a parking citation? YES NO. If yes, give offense, disposition, date, & location.

The Karns Fire Department is an Equal Opportunity Employer and does not discriminate due to race, sex, orientation, national origin, age, disability, or religion in regards to hiring, promoting, or duty assignment practices. By signing this application, you are affirming that the information provided is true and correct to the best of your knowledge. The omission or falsification of any information in this application is grounds for immediate disqualification for employment.

Applicant Signature

Date Signed

DO NOT WRITE BELOW THIS LINE ----- FOR DEPARTMENT USE ONLY

Date Application received _____ Received by _____

Written Test Score _____

AUTHORIZATION TO RELEASE INFORMATION

I have made application to the Karns Fire Department for employment and I am required to furnish said department with satisfactory references, record of my military service present and former employers, and authority for a complete background investigation.

I hereby authorize your officers or employees to furnish the Karns Fire Department a complete history of my said employment or any other information you may have concerning my personal character, habits, ability, background, juvenile and adult arrest records.

I also authorize you to furnish the above referenced department any and all information, which may otherwise be privileged. I authorize the National Records Center, St. Louis, MO, or any other custodian of my military records to release to the Karns Fire Department information or photocopies of my military records. This would include all records pertaining to drug or alcohol information or any undeleted DD Form 214, Certificate of Release or Discharge from Active Duty, which has the reenlistment code (RE), the type and reason for release or discharge, and all disciplinary actions.

In consideration of your action in complying with this request, I hereby release you and your officers, agents, and employees from any and all liability for damages of whatsoever kind of nature which may at any time result to me, by reason of compliance with the above request or any attempt to comply with same, whether such damage be due to negligence or error on the part of you or any of your officers, agents, or employees, or due to any other case whatsoever.

Signed this _____ day of _____, 20_____

Signature of person authorizing release (applicant)

Social Security Number

Please PRINT your name on the above line

NOTARY PUBLIC INFORMATION & STATE SEAL

Form of Identification shown to me _____

Subscribed before me this _____ day of _____, 20_____

Signature of Notary Public

(Place seal here)

Printed Name

My Commission Expires: _____



Jimmy "J.J." Jones
Sheriff

KNOX COUNTY SHERIFF'S OFFICE

RELEASE OF ARREST RECORD

Person/Business Requesting background check: **KARNS VOLUNTEER FIRE DEPT** _____

Your Phone Number

Name _____
LAST FIRST MI MAIDEN

Other Names Used _____ Sex _____ Race _____

Address _____
Street/Road Apt # City/State/Zip

Date of Birth ____/____/____ SSN ____ - ____ - ____ Driver's License # _____

YOUR Signature

If you cannot personally appear to have the background check completed, your signature must be notarized

Notarization

State of Tennessee, County of KNOX, personally appeared before me, _____, with whom I am personally acquainted, and who acknowledged that he / she executed the within instrument for the purposes therein contained.

Sworn to and subscribed before me this _____ day of _____, 20 _____.

My Commission Expires: _____

Notary Public

(DO NOT WRITE BELOW THIS LINE - KNOX COUNTY SHERIFF'S OFFICE USE ONLY)

Inquiry Results

Record Found _____ No Record Found _____ Local Warrants _____

Computer generated Arrest History Attached with _____ charges listed on _____ pages.

Record Checked by: _____ Date: _____

Knox County Sheriff's Office raised seal must be present for record to be valid

400 Main Street * Knoxville, Tennessee 37902 * (865) 215-2432

www.knoxsheriff.org