

APPLY NOW

FIREFIGHTER EMT

Seminole Fire Department is Hiring Full-Time Firefighter/EMT

Candidate must meet minimum requirements before testing date

- Applicants must be 18 to 45 years of age.
- Must possess a high school diploma, GED, or equivalent, at the time of application.
- Have no felony convictions
- Must possess an Emergency Medical Technician license or Higher by the first day of employment

- Must possess a valid driver's license
- Successfully pass a testing process consisting of a written examination, physical ability test, interview panel, background and a medical evaluation.

Applications can be picked up and returned to the Seminole Fire Department

Seminole Fire Department

900 Harvey Rd Suite A

Seminole OK 74868

Immediate Openings

Starting Pay \$43,000 a year

Seminole Fire Department also provides Paramedic and AEMT Incentives.

****Want to attend paramedic school Seminole Fire Department will send you to paramedic school and pay for the tuition. ****

CITY OF SEMINOLE



FIRE FIGHTER
EMPLOYMENT APPLICATION

APPLICATION FOR EMPLOYMENT

Equal Opportunity Employer (M/F/H/V)

Return completed application to: :

SEMINOLE FIRE DEPARTMENT
 900 N. HARVEY, SUITE A
 SEMINOLE, OK 74868
 (405) 382-1314

Position Applied For _____ Date _____

Email Address _____

NOTE: It is to your advantage to answer all questions on this application. (Please print or type.)

Last Name		First Name		Middle Initial
Address			City	State
Day Telephone Number		Evening Telephone Number	Cell Phone Number	Alternative Number

EDUCATION

Name of School	City/State	Areas of Study	Did you graduate?	Type of Degree
High School			Yes No	
GED				
College			Yes No	

Have you received any additional training or have additional skills, certifications, licenses, which would qualify you for the job you are applying for -- including but not limited to: work shops, short courses, volunteer work, etc.?

Are you related to any City employee or to any City Commission Member by blood or marriage? YES NO
 If yes, please give name and how related: _____

Are you legally eligible to work in the US? YES NO

SPECIAL EMPLOYMENT INFORMATION

Have you previously worked for the City of Seminole Yes No

Position _____ Department _____ Dates (From) _____ (To) _____

Reason for Leaving _____

**EMPLOYMENT
HISTORY
(CONT.)**

3. Employed by _____ Job Title _____
Address _____
Supervisor's Name _____ Phone _____
Employed from (mo/yr) _____ to (mo/yr) _____
Starting Salary _____ Final Salary _____ Hours per Week _____
Description of work performed, duties, and/or responsibilities: _____

Reason for leaving _____

4. Employed by _____ Job Title _____
Address _____
Supervisor's Name _____ Phone _____
Employed from (mo/yr) _____ to (mo/yr) _____
Starting Salary _____ Final Salary _____ Hours per Week _____
Description of work performed, duties, and/or responsibilities: _____

Reason for leaving _____

5. Employed by _____ Job Title _____
Address _____
Supervisor's Name _____ Phone _____
Employed from (mo/yr) _____ to (mo/yr) _____
Starting Salary _____ Final Salary _____ Hours per Week _____
Description of work performed, duties, and/or responsibilities: _____

Reason for leaving _____

What date would you be available for work? _____ Are you able to work any shift? _____

Days? _____ Nights? _____ Weekends? _____ If not, specify hours willing to work? _____

Do you have a valid Oklahoma State Driver's License? _____

If so, show type and number (answer only if required for position) # _____

Type (please check box) A B C D

Has your license been revoked or suspended in the last 5 years? _____

If so, give year and reason _____

If applicable, what equipment can you operate? _____

LIST YOUR LAST FIVE EMPLOYERS

STARTING WITH YOUR PRESENT OR MOST RECENT EMPLOYER
YOU MAY ATTACH A RESUME, BUT NOT IN PLACE OF COMPLETING REQUIRED INFORMATION.
PLEASE INCLUDE MILITARY EXPERIENCE.

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO
IF NO, PLEASE EXPLAIN _____

MAY WE CONTACT YOUR PAST EMPLOYERS? YES NO
IF NO, PLEASE EXPLAIN _____

EMPLOYMENT HISTORY

1. Employed by _____ Job Title _____
Address _____
Supervisor's Name _____ Phone _____
Employed from (mo/yr) _____ to (mo/yr) _____
Starting Salary _____ Final Salary _____ Hours per Week _____
Description of work performed, duties, and/or responsibilities: _____

Reason for leaving _____

2. Employed by _____ Job Title _____
Address _____
Supervisor's Name _____ Phone _____
Employed from (mo/yr) _____ to (mo/yr) _____
Starting Salary _____ Final Salary _____ Hours per Week _____
Description of work performed, duties, and/or responsibilities: _____

Reason for leaving _____

References – List the names, addresses and phone numbers of three (3) persons not related to you, who are not former employees:

Name	Company	Phone	Relation
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Are you a U.S. Veteran? Yes No Branch of Service _____ Date of Military Service _____
From – To _____

Indicate specific military experience or training that is job related: _____

Have you ever been addicted to or used on a regular basis any illegal drugs? Yes No

Have you ever been disciplined by an employer or fired or asked to resign from any job? Yes No

Why? _____

Have you been convicted of a felony within the last 7 years? _____
If yes—please explain the nature of conviction when (year) and where (county and state)

Conviction does not necessarily disqualify an applicant from employment.

CANDIDATES THAT ARE GIVEN A CONDITIONAL JOB OFFER WILL BE SUBJECT TO BACKGROUND CHECKS AND A PRE-EMPLOYMENT PHYSICAL AND DRUG TEST. THE CITY USES VERY SOPHISTICATED DRUG DETECTION PROCEDURES. ANY ILLEGAL DRUG USE AND/OR PRESCRIPTION DRUG USE CAN BE DETECTED. IF THE PERSON TESTS POSITIVE FOR ILLEGAL DRUGS, PRESCRIPTION DRUG WITHOUT A VALID PRESCRIPTION OR IF NOT WITHIN THE PRESCRIBED DOSE, THE JOB OFFER WILL BE RESCINDED AND THE APPLICANT WILL NOT BE ELIGIBLE FOR CONSIDERATION FOR FUTURE EMPLOYMENT WITH THE CITY.

I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT. _____
Signed _____ Date _____

Is there any reason known to you why you might be unable to perform consistently and promptly any of the job duties for the position as outlined in the job description? Yes No

I understand and agree that:

1. All statements made on this application are true and correct and that any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of, or if employed, termination from employment.
2. It is my understanding that the company will make a thorough investigation of my entire work and personal history and may verify all data given in my application for employment, related papers, or oral interviews. I authorize such investigation and the giving and receiving of any information requested by the City and I release from liability any person giving or receiving any such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired, or if hired, may subject me to immediate dismissal.
3. I further understand that the City of Seminole will conduct a medical exam and/or drug and alcohol screen to determine whether I can do the essential functions of the job without substantial risk to myself and the public.
4. Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory: overtime, shift work, a rotating work schedule, or a work schedule other than Monday through Friday or a work schedule that consists of days longer or shorter than eight hours a day. I understand and accept these as conditions of my continuing employment.
5. I further understand that this is an application for employment and that no employment contract is being offered.
6. I understand that if I am employed, such employment is at will for an indefinite period of time and that the City can change wages, benefits and conditions at any time.
7. The City of Seminole performs post offer, pre-employment drug testing, driver's license verification, background and criminal history checks.
8. I have read and understand the above.

Date: _____ Signature: _____

**APPLICANT
CHARACTERISTIC
SURVEY**

To All Applicants:

The City of Seminole Oklahoma is an equal opportunity employer. To find out how effective our recruitment efforts are in reaching all parts of our population and to help us in the validation of our selection methods, we are asking each applicant to voluntarily give the following information. This information in no way affects you as an individual applicant and will be separated from your application immediately. It is not necessary that you provide the requested information to be considered for employment.

Last Name		First	Middle
Address			
City		State	Zip
Telephone		Birth Date	Social Security No.
Position Applied For			Date

Email Address _____

PLEASE PLACE THE APPROPRIATE NUMBERED ANSWER TO EACH QUESTION IN THE BLOCK PROVIDED ON THE LEFT.

- A. WHAT SEX ARE YOU?
 1. Male
 2. Female
- B. WHAT IS YOUR AGE?
 1. Less than 18 years
 2. 18-21 years, inclusive
 3. 22-25 years, inclusive
 4. 26-39 years, inclusive
 5. 40-55 years, inclusive
 6. 56-70 years, inclusive
 7. 70 years or over
- C. WHAT IS THE HIGHEST LEVEL OF EDUCATION YOU HAVE REACHED?
 1. Finished 0-8 years
 2. 9-12, but not a high school graduate
 3. High school graduate or GED from a state department of education
 4. Post high school vocational or business school training
 5. College, less than B.A. or B.S. degree
 6. B.A. or B.S. or similar degree
 7. M.A. or similar professional degree
 8. Ph.D., J.D., L.L.B., or similar professional degree
- D. ARE YOU NOW EMPLOYED?
 1. Yes
 2. No
- E. OF WHICH RACIAL/ETHNIC GROUP DO YOU CONSIDER YOURSELF A MEMBER?
 1. White
 2. Black or African American
 3. Hispanic or Latino
 4. Native Hawaiian or other Pacific Islander
 5. Asian
 6. American Indian or Alaskan Native
 7. Two or more races
- F. HAVE YOU PREVIOUSLY APPLIED FOR A JOB HERE?
 1. Yes
 2. No
- G. HOW DID YOU LEARN ABOUT THE JOB FOR WHICH YOU ARE NOW APPLYING?
 1. City of Seminole personnel
 2. Other City agency
 3. City employee
 4. Friend
 5. Newspaper or periodical
 6. Job Service department schedules
 7. Other employment service
 8. Television
 9. Radio
 10. School
-
- Name of publication Name of school
- H. ARE YOU A VETERAN OF U.S. MILITARY SERVICE?
 1. Yes
 2. No
- I. ARE YOU MENTALLY OR PHYSICALLY HANDICAPPED?
 1. Yes
 2. No