



## HARRISON COUNTY FIRE RESCUE

### EMPLOYMENT APPLICATION

#### *An Equal Opportunity Employer*

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. Submit completed application to [employment@co.harrison.ms.us](mailto:employment@co.harrison.ms.us).

**Please attach a copy of your Driver's License to the completed application**

|              |                                        |
|--------------|----------------------------------------|
| <b>Date:</b> | <b>Position Applied For: FULL-TIME</b> |
|              | <b>PART-TIME</b>                       |

### PERSONAL INFORMATION

|                                                                                                                              |                                                          |
|------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| First & Last Name:                                                                                                           | Social Security Number                                   |
| Email Address:                                                                                                               |                                                          |
| Street address:                                                                                                              | Home Phone:                                              |
| City, State, Zip:                                                                                                            | Alt. Phone:                                              |
| On what date would you be available for work?                                                                                | Drivers License Number                                   |
| Have you worked for Harrison County before?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                      | If yes, dates and department                             |
| Are you able to perform the essential functions of the job you are applying for (with or without reasonable accommodations)? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

### EDUCATION

| School          | Name & Address | Course of Study | Last Year Completed                                                                                               | Degree Received |
|-----------------|----------------|-----------------|-------------------------------------------------------------------------------------------------------------------|-----------------|
| High School/GED |                |                 | 9 10 11 12<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                 |
| College         |                |                 | 1 2 3 4<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>    |                 |

|                          |   |   |                                                                                                                                       |   |   |   |   |  |  |  |  |  |
|--------------------------|---|---|---------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|--|--|--|--|--|
|                          |   |   |                                                                                                                                       |   |   |   |   |  |  |  |  |  |
| Graduate School          |   |   | <table border="1"> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table> | 1 | 2 | 3 | 4 |  |  |  |  |  |
| 1                        | 2 | 3 | 4                                                                                                                                     |   |   |   |   |  |  |  |  |  |
|                          |   |   |                                                                                                                                       |   |   |   |   |  |  |  |  |  |
| Business or Trade School |   |   | <table border="1"> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table> | 1 | 2 | 3 | 4 |  |  |  |  |  |
| 1                        | 2 | 3 | 4                                                                                                                                     |   |   |   |   |  |  |  |  |  |
|                          |   |   |                                                                                                                                       |   |   |   |   |  |  |  |  |  |

### **U.S. MILITARY SERVICE**

|                                   |                 |
|-----------------------------------|-----------------|
| Branch of Service:                | Date of Service |
| Training and Experience Received: |                 |

### **EMPLOYMENT RECORD**

List present and past employment, beginning with the most recent. You may attach a resume as supplemental information.

| Name &Address of Employer | From Mo./Yr. | To Mo./Yr. | Salary       | Reason for leaving |
|---------------------------|--------------|------------|--------------|--------------------|
|                           |              |            |              |                    |
| Position Title            | Supervisor   |            | Phone Number |                    |
|                           |              |            |              |                    |
| Description of Work:      |              |            |              |                    |
| Name &Address of Employer | From Mo./Yr. | To Mo./Yr. | Salary       | Reason for leaving |
|                           |              |            |              |                    |
| Position Title            | Supervisor   |            | Phone Number |                    |
|                           |              |            |              |                    |
| Description of Work:      |              |            |              |                    |
| Name &Address of Employer | From Mo./Yr. | To Mo./Yr. | Salary       | Reason for leaving |

|                           |                 |               |        |                    |
|---------------------------|-----------------|---------------|--------|--------------------|
|                           |                 |               |        |                    |
| Position Title            | Supervisor      |               |        | Phone Number       |
|                           |                 |               |        |                    |
| Description of Work:      |                 |               |        |                    |
| Name &Address of Employer | From<br>Mo./Yr. | To<br>Mo./Yr. | Salary | Reason for leaving |
|                           |                 |               |        |                    |
| Position Title            | Supervisor      |               |        | Phone Number       |
|                           |                 |               |        |                    |
| Description of Work:      |                 |               |        |                    |

Please list any additional skills or qualifications that relate to your ability to perform the job for which you have applied;

Licenses, professional types of machinery, equipment you can operate, etc.

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**REFERENCES (Do not include relatives)**

| Name and Occupation | Address | Phone Number |
|---------------------|---------|--------------|
|                     |         |              |
|                     |         |              |
|                     |         |              |

### **BACKGROUND**

Have you ever been convicted of a felony? If yes, please provide the following for each offense: ☐ YES ☐ NO  
(a) charge/description of crime (b) the date of conviction (c) the city and state, and (d) the action taken.

### **AGREEMENT**

I certify that all the foregoing statements are complete, true and correct. in consideration of the employment sought, I hereby authorize the County 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 County at the County's expense and to also undergo future physical examinations that the County may require for continued employment and to be photographed. I further agree that I will submit to pre-employment drug testing, and if I am hired, I understand and agree to a pre-employment review of my motor vehicle record and, if I am employed and operate County 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 County and understand that my employment and compensation may be terminated with or without cause and with or without notice any time at the option of either the County or myself. I further understand that no employment contract exists or is created by the implementation of any County personnel policies and that no representative of the Count has authority to enter into an agreement with me for employment of any specified period of time, or to make any agreement with me; contract to the foregoing; and also that any employee of Harrison County 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 called for is cause for rejection of the application, or dismissal, if I discovered after I am hired.

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Signature

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Date

### **FIREFIGHTER CERTIFICATIONS**

If you are applying as a Certified Firefighter with IFCSAC or PROBOARD, list your certifications below.

If no prior Firefighter Certifications leave blank.

| <b>Certification</b> | <b>Date Obtained</b> | <b>IFSAC or PROBOARD Number</b> |
|----------------------|----------------------|---------------------------------|
|                      |                      |                                 |
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|                      |                      |                                 |

### **Additional Firefighter Certifications**

List any additional (Specialized) Firefighter Certifications.

Attach Copies of all certifications

If none leave blank

| <b>Certification</b> | <b>Date Obtained</b> | <b>IFSAC or PROBOARD Number</b> |
|----------------------|----------------------|---------------------------------|
|                      |                      |                                 |
|                      |                      |                                 |
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|                      |                      |                                 |
|                      |                      |                                 |
|                      |                      |                                 |

### **EMS Certifications**

List EMS Certification Level and associated EMS training

Attach copies of all certifications

| <b>Certification</b>           | <b>National Registry Number</b> | <b>Expiration Date</b> |
|--------------------------------|---------------------------------|------------------------|
| <b>EMT</b>                     |                                 |                        |
| <b>AEMT</b>                    |                                 |                        |
| <b>Paramedic</b>               |                                 |                        |
| <b>BLS/CPR</b>                 |                                 |                        |
| <b>ACLS</b>                    |                                 |                        |
| <b>PALS</b>                    |                                 |                        |
| <b>State of MS EMS License</b> |                                 |                        |



**Harrison County**  
**Board of Supervisors**  
**Application Data Form**

We are an Equal Opportunity Employer and do not discriminate on the basis of race, color, religion, sex, age, national origin, disability, veteran status, or any other classification protected by Federal, state, or local law. The information below will be used only for statistical purposes.

Completion of this data is voluntary and will not affect your opportunity for employment, or terms of conditions of employment, if hired. Please return this page with your application.

**PLEASE COMPLETE IN FULL:**

Date: \_\_\_\_\_ Position Applied For: \_\_\_\_\_

Sex:            Male            Female

**ETHNIC GROUP**

Please check one of the descriptions below corresponding to the ethnic group with which you most identify.

\_\_\_\_\_ **AMERICAN INDIAN or ALASKAN NATIVE:** A person having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition

\_\_\_\_\_ **ASIAN:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

\_\_\_\_\_ **BLACK or AFRICAN-AMERICAN:** Not of Hispanic origin

\_\_\_\_\_ **HISPANIC or LATINO:** A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin.

\_\_\_\_\_ **NATIVE HAWAIIAN or PACIFIC ISLANDER:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

\_\_\_\_\_ **WHITE:** Not of Hispanic origin.

\_\_\_\_\_ **OTHER** \_\_\_\_\_

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