



Application for Employment



Fairfax County Fire and Rescue Department
 Recruitment Section, 6th Floor
 4100 Chain Bridge Road
 Fairfax, VA 22030
 Telephone: (703) 246-3939

Email: fire.recruitment@fairfaxcounty.gov

Website: www.fairfaxcounty.gov/fire

Job applied for: Firefighter/EMT or Firefighter/Paramedic **Announcement Number: 07-9015**

<u>Minimum Qualification</u> <ul style="list-style-type: none"> ▪ At least 18 years of age (no maximum) ▪ High School Diploma or G.E.D ▪ Valid Driver's License 	<u>Application Process</u> <ul style="list-style-type: none"> ▪ Written Exam ▪ Candidate Physical Abilities Test ▪ Polygraph Evaluation ▪ Medical Examination ▪ Psychological Profile/Uniform Fitting
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Note: Illegal drug use during the last twelve months, a DUI conviction since January 2003, two or more moving traffic violations during the last twelve months will disqualify you from further consideration from employment.

Name: Last, First, Middle _____ Date of Birth: _____

Mailing Address: Street _____ Apt. # _____ City _____ State _____ Zip Code _____

Home: () _____ Work: () _____ Cell: () _____

Social Security Number: _____ Email Address: _____

All questions are to be answered completely.

Have you ever applied for the position of Firefighter/EMT or Firefighter/Paramedic with Fairfax County? Yes No

Are you legally able to work in the U.S? Yes No

Are you 18 years of age or older? Yes No

Do you have a High School Diploma or G.E.D? Yes No

Are you fluent in another language other than English? Yes No
 If so, what language(s): _____

Do you possess any of the following certifications? Yes No

NREMT-Paramedic Virginia EMT-Intermediate Expiration date: _____
 NREMT-Intermediate/99 Virginia EMT-Paramedic Certificate #: _____

Do you possess a valid Driver's License, excluding provisional and Learner's Permit? Yes No
 State and license number (must provide): _____

Have you been charged with a traffic infraction in the last twelve months? (Include moving violations, accidents, traffic charges, and omit parking tickets) If yes, how many and date(s): _____	Yes	No
Has your Driver's License been suspended or restricted within the last twelve months? If yes, must provide reinstatement date(s): _____	Yes	No
Have you ever been convicted or found guilty of the following? <ul style="list-style-type: none"> ▪ Reckless Driving Date(s): _____ ▪ Driving Under the Influence Date(s): _____ ▪ Hit and Run Date(s): _____ 	Yes	No
Have you ever been assigned to an alcohol safety action or driver alcohol rehabilitation program (ASAP)? If yes, date(s): _____	Yes	No
Have you ever been charged with or been convicted of a misdemeanor or felony? Are you currently under any terms or conditions? If yes, explain the charge(s), date(s) and verdict(s): _____	Yes	No
Have you ever used any illegal drugs in the past twelve months? If yes, date(s): _____	Yes	No
Have you ever sold prescription or any illegal drugs? If yes, date(s): _____	Yes	No
How did you hear about us? <input type="checkbox"/> Job Fair _____ <input type="checkbox"/> Fairfax County Web Site <input type="checkbox"/> Newspaper: _____ <input type="checkbox"/> Referral-County Employee <input type="checkbox"/> Other Source(s): _____		

I hereby certify that the information provided in this application is accurate and true to the best of my knowledge. I understand that any inaccurate, untruthful, or misleading statement(s) will be grounds for my disqualification from the application process. All dates are considered from the date the application is signed.

Name (Sign or Type)

Date

Please notify the Recruitment Section should you need any special accommodations during the application process. The Fairfax County Fire and Rescue Department is an Equal Opportunity/Affirmative Action Employer.

THIS SECTION IS VOLUNTARY

Please check the box which describes your sex and ethnic origin. Check only one box. The Federal Equal Employment Opportunity Commission defines ethnic origin as follows:

- A. Male-White
- B. Male-Black
- C. Male-Hispanic/Latino
- D. Male-American Indian/Alaskan Native
- E. Male-Asian/Pacific Islander
- G. Female-White
- H. Female-Black
- I. Female-Hispanic/Latino
- J. Female-American Indian/Alaskan Native
- K. Female-Asian/Pacific Islander

“White” (not of Hispanic origin) all persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

“Black” (not of Hispanic origin) all persons having origins in any of the black racial groups of Africa.

“Hispanic/Latino” all persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

“American Indian or Alaskan Native” all persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal or community recognition.

“Asian or Pacific Islander” all persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.