

# City of Muscle Shoals

2010 Avalon Avenue • Muscle Shoals, Alabama 35661  
Post Office Box 2624 • Muscle Shoals, Alabama 35662-2624  
(256) 383-5675 • Fax: (256) 386-9201 • [www.cityofmuscleshoals.com](http://www.cityofmuscleshoals.com)

## Application for Employment

*We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.*

**Instructions: Complete all information. Please complete insert if enclosed. Be sure to sign and date the application. MUST use ink on this application.**

### INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

Last Name		First Name		Middle Name	
Address	Street	City	State	Zip Code	
Telephone Number(s)			Social Security Number (Optional)		
E-Mail Address					

**POSITION APPLYING FOR:** \_\_\_\_\_

May we contact your present employer? ☐ Yes ☐ No

Have you filed an application or been employed here before? ☐ Yes ☐ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (Proof of citizenship or immigration status will be required upon employment.) ☐ Yes ☐ No

Are you available to work? ☐ Full time ☐ Part time ☐ On Shifts

Are any of your relatives employed with the City of Muscle Shoals? ☐ Yes ☐ No

If yes, list name(s) \_\_\_\_\_

Have you been convicted of a felony? ☐ Yes ☐ No

If yes, please explain \_\_\_\_\_

Have you ever been convicted or arrested for any reason other than a minor traffic violation? ☐ Yes ☐ No

Are you on lay-off and subject to recall? ☐ Yes ☐ No

Can you travel if a job requires it? ☐ Yes ☐ No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

## Education

	Name of School	City and State	Year Graduated	Course of Study	Course or Degree
High School					
College					
College					
Vocational					
Other (Specify)					

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Give name, address and phone number of three references not related to you.	
Name	Address and Phone Numbers



# Employment Experience

**THIS SECTION MUST BE COMPLETED EVEN WITH RESUME ATTACHED.**

List each job held. Start with your present or last job. Include military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disability, or other protected status.

1

Current or Last Employer	Dates Employed		Work Performed
	From	To	
Telephone Number(s)			
Job Title	Salary (Optional)		
Supervisor (Include first and last name)			
Reason for Leaving			

2

Previous Employer	Dates Employed		Work Performed
	From	To	
Telephone Number(s)			
Job Title	Salary (Optional)		
Supervisor (Include first and last name)			
Reason for Leaving			

3

Previous Employer	Dates Employed		Work Performed
	From	To	
Telephone Number(s)			
Job Title	Salary (Optional)		
Supervisor (Include first and last name)			
Reason for Leaving			

4

Previous Employer	Dates Employed		Work Performed
	From	To	
Telephone Number(s)			
Job Title	Salary (Optional)		
Supervisor (Include first and last name)			
Reason for Leaving			

# Agreement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquiries of all statements contained in this application as may be necessary in arriving at an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the City of Muscle Shoals.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

*We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.*

## FOR HUMAN RESOURCE DEPARTMENT USE ONLY - DO NOT WRITE BELOW

Initial 

Complete <input type="checkbox"/>							
Incomplete <input type="checkbox"/>							

Scheduled Agility Test Date: \_\_\_\_\_ Time: \_\_\_\_\_

Scheduled Interview Date: \_\_\_\_\_ Time: \_\_\_\_\_

Additional Interview Date: \_\_\_\_\_ Time: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employed ☐ Yes ☐ No

Date of Employment \_\_\_\_\_



**QUESTIONNAIRE FOR FIRE DEPARTMENT TRAINING OFFICER APPLICANTS  
PLEASE RETURN WITH YOUR APPLICATION.**

- (1) The applicant must have a high school diploma or GED.**

**Do you meet this requirement? Yes\_\_\_\_\_No\_\_\_\_\_**

**PLEASE ATTACH A COPY OF YOUR DIPLOMA (HIGH SCHOOL OR COLLEGE) OR GED CERTIFICATE. TRANSCRIPT WILL BE ACCEPTED.**

- (2) The applicant must be 18 years of age.**

**Do you meet this requirement? Yes\_\_\_\_\_No\_\_\_\_\_**

- (3) The applicant must possess valid Alabama Firefighter I and Firefighter II certifications as approved by the Alabama Fire College and Personnel Standards Commission.**

**Do you meet these requirements? Yes\_\_\_\_\_No\_\_\_\_\_**

**PLEASE ATTACH COPIES OF CERTIFICATIONS.**

- (4) The applicant must possess all required certifications as stated in the job description.**

**Do you meet these requirements? Yes\_\_\_\_\_No\_\_\_\_\_**

**PLEASE ATTACH COPIES OF ALL REQUIRED CERTIFICATIONS.**

- (5) The applicant must possess valid State and National Registry of Emergency Medical Technicians-Basic.**

**Do you meet this requirement? Yes\_\_\_\_\_No\_\_\_\_\_**

**PLEASE ATTACH COPY OF CERTIFICATE AND LICENSE - STATE OF ALABAMA AND NATIONAL REGISTRY.**

- (6) The applicant must have a valid driver's license.

Do you meet this requirement? Yes \_\_\_\_\_ No \_\_\_\_\_

**PLEASE INCLUDE DRIVER LICENSE NUMBER AND EXPIRATION DATE IN THE SPACES INDICATED BELOW:**

DRIVER LICENSE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_  
EXPIRATION DATE \_\_\_\_\_

- (7) Do you understand that any offer of employment is conditional upon a physician's certification of your fitness for duty based upon job-related criteria?

Yes \_\_\_\_\_ No \_\_\_\_\_

- (8) Do you understand that any offer of employment is conditional upon a successful completion of controlled substance testing?

Yes \_\_\_\_\_ No \_\_\_\_\_

- (9) Is any member of your or your spouse's immediate family (defined by Paragraph #1.2.1 of the Civil Service Board's Personnel Policies and Procedures as spouse, parent, child, brother, sister, grandparent, grandchild, aunt, uncle, nephew, niece) employed in the department for which you desire consideration?

Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please name: \_\_\_\_\_

- (10) **DO YOU UNDERSTAND THAT YOU MUST COMPLETE ALL INFORMATION ON YOUR APPLICATION OR IT WILL NOT BE CONSIDERED?**

**Yes \_\_\_\_\_ No \_\_\_\_\_**

I certify that answers given herein are true and correct to the best of my ability. I also understand, that in the event I am employed, that false or misleading information given on this form may result in my discharge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



# MUSCLE SHOALS FIRE DEPARTMENT

## TATTOO/BODY MODIFICATION POLICY

Employees of the Muscle Shoals Fire Department must comply with department policy governing tattoos and body modification. Policy compliance may directly impact eligibility for employment; therefore, applicants considered for employment are required to review the policy and complete the form on the following page.

### POLICY:

#### **Tattoos:**

- Tattoos on the hands, face, neck, and scalp are prohibited.
- Tattoos on any other body part are required to be covered. Regardless of their location, tattoos that are potentially offensive to the community, racist, sexism or sexually explicit, obscene or profane, gang or drug related or political in nature are prohibited.
- Exception: one tattoo is permitted to be visible and may remain uncovered on the arm between the wrist and two inches above the inside bend of the elbow if the maximum dimensions are less than 3"X 5" (as tested by placing a standard 3"X 5" notecard over the tattoo); and the visible tattoo must not be potentially offensive to the community, as determined by the Fire Chief.
- Covering tattoos in order to meet the standard must be done using apparel approved by the department.
- Exceptions to the tattoo policy must be authorized by the Fire Chief.

#### **Body Modification and Body Piercings:**

Body modifications visible while on duty are prohibited. Body modifications include, but are not limited to:

- Tongue splitting or bifurcation
- Abnormal shaping of the ears, eyes or nose
- Gauging or gradually increasing the radius of a surgically induced opening in areas such as the ear lobes or lips.
- Branding or scarification
- Body modifications shall not include those procedures medically necessitated by illness, deformity or injury, when performed by a licensed medical professional.

## Tattoo Policy Questionnaire

**APPLICANT:** Do you have any tattoos or body modifications? ☐ YES ☐ NO

IF YOU ANSWERED **YES**, PLEASE CHECK ALL STATEMENTS THAT APPLY TO YOU AND PROVIDE NECESSARY DETAILS:

- ☐ I do not have any tattoos on my hands, face, neck or scalp.
- ☐ I have only one (1) tattoo on my arm that is between the wrist and 2" above the inside bend of the elbow which is smaller than 3"X 5" and is not potentially offensive to the community. I understand that if I am employed in the Fire Department, this single tattoo can remain visible.
- ☐ I have one or more tattoos that, pursuant to the Fire Department's tattoo policy, do not impact my eligibility for employment. I understand that if I am employed in the Fire Department, I must cover all tattoos using approved items.
- ☐ I have one or more tattoos that may be considered offensive to the community. I am providing the following description for evaluation. This description includes the image(s) depicted by the tattoo(s), the size(s) of the tattoo(s), and the location(s) of the tattoo(s) on my body:

I, the undersigned applicant, acknowledge: 1) I have read the tattoo policy; 2) I have properly disclosed the information required; and 3) I understand that failure to answer truthfully will make me ineligible for any future employment with the City of Muscle Shoals or, if hired, could result in termination from employment.

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Applicant Signature

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Date



## BACKGROUND REPORT DISCLOSURE STATEMENT

*Please read the information on this form carefully. It describes your rights as a consumer.*

City of Muscle Shoals uses Risk Mitigation Services, Inc. to conduct background investigations as part of its employment process. Such background investigations are covered by Section 603 of the federal Fair Credit Reporting Act (FCRA) and are termed "consumer reports" and/or "investigative consumer reports". Risk Mitigation Services, Inc. is a "Consumer Reporting Agency" (CRA) covered by the FCRA. City of Muscle Shoals uses the background reports provided by Risk Mitigation Services, Inc. for employment, continued employment, volunteer status, or promotion purposes. City of Muscle Shoals will procure the report from:

Risk Mitigation Services, Inc.,  
PO Box 2129  
Muscle Shoals, AL 35662  
Tel. 866-383-1180  
[www.riskmitigation.us](http://www.riskmitigation.us)

Under Section 603 of the FCRA, a consumer report or consumer investigative report is an independent investigation of your background, which may include information regarding your "character, general reputation, personal characteristics, or mode of living." The background report that Risk Mitigation Services, Inc. provides may contain information about your driving record, civil and criminal legal and court records, criminal conviction records, education, professional or employment-related credentials, credit history, identity, locations and addresses where you have lived, Social Security number, education history, previous employment, and other public records.

The FCRA requires that if City of Muscle Shoals denies you employment, continued employment, volunteer status, or promotion as a result of information contained in a background report, you must be provided with a copy of the report, a summary of your rights under the FCRA, the name, address, and telephone number of the consumer reporting agency that furnished the report and given a reasonable opportunity to respond to disputed information contained in the report.

I hereby consent to your obtaining the above information from Risk Mitigation Services, Inc.

First Name (please print)	Middle Name	Last name
Signature		Date

Social Security Number: \_\_\_\_\_ \*Date of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ DL State: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

### International Applicants

International Government ID: \_\_\_\_\_  
ID# Country of Origin

International Address: \_\_\_\_\_  
Physical Address

\_\_\_\_\_  
City/Province/Country

\*Without this information, we will be unable to properly identify you in the event we find adverse information during the course of the background check.



**IMPORTANT – PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION  
ACKNOWLEDGMENT AND AUTHORIZATION**

**USA Applicants Only:** I acknowledge receipt of the BACKGROUND CHECK DISCLOSURE STATEMENT and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents.

**Applicants with Personal Data from Outside the USA Only:** I acknowledge receipt of the DATA PRIVACY NOTICE and certify that I have read and understand the document.

I hereby freely authorize release to City of Muscle Shoals of consumer reports and/or investigative consumer reports as part of its evaluation of my application for employment, continued employment, or promotion. I also authorize disclosure to City of Muscle Shoals and/or to Risk Mitigation Services, Inc. or its agents information that City of Muscle Shoals deems pertinent to its consideration of my application for employment, continued employment, or promotion, including but not limited to my employment history, earning history, education (transcripts), motor vehicle driving licensure and record, criminal history, credit history, public records, records of administrative adjudications, by any individual, corporation or other private or public entity, including without limitation the following: employers; learning institutions, including colleges and universities; law enforcement agencies; federal, state and local courts; the military; motor vehicle records agencies; credit bureaus, and other applicable sources. These reports may contain information regarding your use of social media, the content that you contribute to social media, and any other publicly-available information about you on the internet. Social media include, but are not limited to, social networking websites (e.g., Facebook, MySpace), professional networking websites (e.g., LinkedIn), video-sharing websites (e.g., YouTube), image-sharing websites (e.g., Flickr), blogs, wikis, virtual worlds, and personal websites.

In accordance with the host nation's laws and the laws applicable to me depending on my location regarding the release of information, I authorize the release and transmittal of information from any country to the above listed parties, their clients, and/or their agents or vendors located in any country, including countries outside the European Union that may have a different level of data protection or inadequate data protection laws as defined by the European Commission.

I understand this authorization will apply throughout my employment status to the extent permitted by law, unless revoked or canceled by sending a signed revocation letter or statement to City of Muscle Shoals. I understand to the extent allowed by law, information contained in my job application or that I have otherwise disclosed before, during, or after my employment, if any, may be used to obtain consumer reports and/or investigative consumer reports.

I understand that providing false information or omitting material information on my employment application materials or as part of the employment process is grounds for rejecting employment, or terminating employment, whenever discovered.

This Authorization form, in original, faxed, photocopied, or electronic form, will be valid for any reports that City of Muscle Shoals may request. The following is my true and complete legal name and all information is true and correct to the best of my knowledge.

**New York Applicants Only:** Upon request, you will be informed whether or not a consumer report was requested by Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by Company by contacting the consumer reporting agency identified above directly. By signing below, you acknowledge receipt of ARTICLE 23-A OF THE NEW YORK CORRECTION LAW.

**New York City Applicants Only:** You acknowledge and authorize Company to provide any notices required by federal, state or local law to you at the address(es) and/or email address(es) you provided to the Employer.

**Minnesota and Oklahoma Applicants Only:** Please check this box, if you would like to receive a copy of a consumer report, if one is obtained by Company.

**Washington State Applicants Only:** You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# **CITY OF MUSCLE SHOALS**

## **JOB DESCRIPTION**

Title: Training Officer

Dept: Fire

Job Analysis conducted: October 2021

Note: Statements included in this description are intended to be representative of the duties and responsibilities of this job and are not to be interpreted as being all inclusive. The employee may be assigned other duties that are not specifically included.

### **Relationships**

Reports to: Fire Chief

Subordinate staff: None

Other internal contacts: Other Fire Department Employees and other City Departments; Mayor and City Council

External Contacts: Other Fire Department; ALDOT; ADEM; Law Enforcement Agencies; Emergency Medical Personnel; FEMA; County EMA; EPA; State Fire Marshal; General Public; Public Schools; Utility Boards; Civic Groups; FAA; and E-911.

### **Job Summary**

Under the direction of the fire chief; the employee serves as the training officer for the department, and ensures that all personnel are appropriately trained. Assists in fire fighting and rescue operations. Ensures that all training records for the department are maintained and current. Responsible for the maintenance of training center.



## **Job Domains**

(\*indicates essential functions in accordance with the ADA)

### **A. Training**

1. \*Responsible for all department personnel training.
2. \*Assists the shift officer to ensure appropriate training occurs as scheduled and needed.
3. \*Ensures that the sixteen hours per month minimum training is acquired.
4. \*Prepares training lesson plans and responsible for the presentation of lessons.
5. \*Documents all training activity and maintains files of all department training records.
6. \*Ensures that all minimum standard requirements are met for all department personnel.
7. \*Ensures that all EMT 1 and EMT 11 licenses are renewed at the appropriate time, and maintains files of licenses.
8. \*Conducts training drills as needed.
9. \*Studies city, county and surrounding area fire hydrants to have the knowledge to teach department personnel.
10. \*Studies equipment manuals as required.
11. \*Attends special courses on hazardous materials, EMS training, airport rescue, firefighting, and etc.
12. \*Conducts annual certification on all Muscle Shoals Fire Department apparatus.
13. \*Schedules annual airport firefighter/rescue school.
14. \* Maintains daily training log.
15. \*Serves as an instructor for the Alabama Fire College.
16. Attends meetings and conferences to keep current regarding innovations in the fire service.

### **B. Training Center Maintenance**

1. \*Sweeps, mops, strips and waxes floors.
2. \*Washes walls and windows.
3. \*Performs light sanding and painting on walls.
4. Cuts grass and weeds; trims shrubs and picks up litter and trash.
5. Performs minor repairs on plumbing fixtures, electrical equipment, masonry, etc.
6. \*Cleans blinds and curtains.
7. \*Cleans kitchen and wash dishes.
8. \*Takes out garbage.

### **C. Fire Suppression**

1. Drives emergency vehicles safely to and from emergency scenes if necessary.
2. Lays hose lines and operates fire pump on fire truck when necessary.
3. Directs fire stream using hose lines and nozzles as needed.
4. Extinguishes structure, auto, vehicle and hazardous material fires as needed.
5. Performs ventilation operations to release dangerous fumes and smoke as needed.
6. Operates various caliber hose streams in fire emergency as needed.
7. Ensures that electricity and/or gas is turned off by utility personnel when required.
8. Operates various types of power and hand tools for forcible entry if needed to locate and extinguish fire or reach victims.
9. \*Aids and assists fellow firefighters on scene.
10. \*Acts as safety officer on emergency scene.
11. \*Acts as accountability officer on emergency scene.

### **D. EMS and Rescue**

1. Removes victims of auto accidents using rescue tools as needed.
2. Responds to 911, emergency and non-emergency calls and performs appropriate medical treatment and /or rescue operations as needed,
3. Assists ambulance services in performing basic life support and other medical treatment/rescue operations as needed.
4. \*Assists in rescue operations as needed to extricate individuals from dangerous situations.
5. \*Responds to large-scale disasters.
6. \*Performs emergency medical and rescue operations dealing with aircraft emergencies as needed.
7. \*Participates in mutual aid assistance for organizations outside the city, as needed.

### **E. Miscellaneous**

1. \*Conducts tours of fire department as needed.
2. Conducts pre-fire planning training for local businesses as needed.
3. Assists to ensure that all required tests on equipment and hoses are scheduled and performed.
4. Assists chief in special projects and activities.



**Knowledge, Skills and Abilities**  
**(Any item with an asterisk can be taught on the job)**

1. Knowledge of methods and equipment used in modern fire fighting.
2. \*Knowledge of city personnel rules and regulations.
3. \*Knowledge of geography of city and its streets, fire alarms and fire hydrants.
4. \*Knowledge of aid available from surrounding communities.
5. Knowledge of safety procedures to perform fire suppression and rescue operations.
6. \*Knowledge of the City of Muscle Shoals Fire Department SOP's (standard operating procedures).
7. Ability to communicate with supervisors, subordinates; co-workers, fire victims, and general public in person, by telephone, and over two-way radio.
8. Math skills to prepare and complete reports.
9. Writing skills to compose memos and reports.
10. Reading skills to understand and interpret codes, blueprints and trade manuals.
11. Public relations skills to handle public and business complaints and grievances.
12. Ability to keep up with changes and new developments in fire fighting and rescue techniques.
13. Ability to establish and maintain effective working relationships with various agencies and businesses.
14. Ability to use sound judgment in emergency situations.
15. Ability to drive motor vehicles.
16. Ability to operate equipment such as valves, fire suppression equipment, etc.
17. Ability to understand radio transmissions and voices under noisy circumstances.
18. Ability to orally communicate under normal and emergency circumstances.
19. Mobility to maneuver in tight or cramped areas, to climb, to crawl, to walk and to run.
20. Ability to lift and transport heavy equipment.
21. Ability to rescue and carry victims from buildings, fire and accident scenes.
22. Computer skills to operate a personal computer utilizing fire operations software.

**Other Characteristics**

1. Possess a valid Alabama Fire Fighter I Certification.
2. Possess a valid Alabama Fire Fighter II Certification.
3. Possess a valid Alabama Apparatus Operator Certification.
4. Possess a valid Alabama Apparatus Aerial Certification.
5. Possess a valid Alabama Fire Instructor I.
6. Possess a valid Alabama Fire Instructor II Certification or obtain within 24 months of beginning job.
7. Possess a valid Alabama Fire Officer I Certification.
8. Possess a valid Alabama Fire Officer II Certification within 36 months of beginning job.

9. Possess a valid Alabama Hazardous Materials Technician Certification.
10. Possess a valid Alabama EMT Basic License.
11. Completion of Hazardous Materials Awareness and Operation Course.
12. Completion of EVOC training course.
13. Possess at least ten years experience as a firefighter within a non-volunteer fire department.
14. Possess a valid driver's license and a driving record that meets the city's insurance carrier's requirement.
15. Ability to work non-standard hours to provide 24-hour coverage.
16. Ability to maintain proficiency in fire operations.
17. Ability to travel to seminars and schools.
18. Must carry approved communication device and be able to respond to emergency calls according to department policies.

### **Work Environment**

The work environment involves high risks with exposure to potentially dangerous situations or unusual environmental stress which require a range of safety and other precautions, e.g., working at great heights under extreme outdoor weather conditions, or similar situations where conditions cannot be controlled.

### **Physical Demands**

The work requires considerable and strenuous physical exertion such as frequent climbing of tall ladders, lifting heavy objects over 50 pounds, crouching or crawling in restricted areas.

### **Approval**

 \_\_\_\_\_  
Name Title

 \_\_\_\_\_  
Date