

# 2022 HSFD APPLICATION

*The Hot Springs Fire Department will review all applications. If you qualify, you will receive a phone call inviting you to participate in the physical agility test*



# IMPORTANT INFORMATION FOR FIREFIGHTER APPLICANTS

To be eligible for the 2022 firefighter's entrance examination on April 2, 2022 you must:

Be a citizen of the United States

- Be not less than 20 years of age or arrived at the age of 35 years
  - Arkansas State Code provides that no person who has arrived at the age of 35 shall be eligible for appointment to the Fire Department except where the applicant is already a paid firefighter. The maximum age of 35 shall not apply to:
    - Any person who has at least 2 years of previous experience as a **PAID** firefighter with another fire department and whose years of experience as a **PAID** firefighter when subtracted from the person's age leaves a remainder of not more than 32 years.
    - A current or former service member of the regular or reserve component of the uniformed services of the United States as defined under 10 U.S.C. § 101 who is within three (3) years of separation or retirement from the regular or reserve component of the uniformed services of the United States.
- Have graduated from an accredited high school or passed the GED indicating high school graduation level
- Possess a valid driver's license and a clean driving record
- Have never been convicted of a felony

## The Examination Schedule is as follows:

### PHYSICAL AGILITY TEST:

DATE: SATURDAY, APRIL 2, 2022

TIME: 8:00 AM (LATE ARRIVALS WILL NOT BE ACCEPTED)

LOCATION: LAKESIDE SCHOOL TRACK & FIELD ~ 2837 MALVERN AVENUE)

**YOU MUST PROVIDE A PHOTO ID (DRIVER'S LICENSE) TO BE ADMITTED TO PHYSICAL AGILITY TEST**

Applicants who pass the Physical Agility Examination will then be administered the WRITTEN Examination that same afternoon.

### WRITTEN EXAMINATION:

DATE: SATURDAY, APRIL 2, 2022

TIME: 1:00 PM (LATE ARRIVALS WILL NOT BE ACCEPTED)

LOCATION: HOT SPRINGS FIRE DEPARTMENT ~ 310 BROADWAY)

**YOU MUST PROVIDE A PHOTO ID (DRIVER'S LICENSE) TO BE ADMITTED TO WRITTEN EXAM**

Study Guides are available for a fee at [WWW.PUBLICSAFETYCOMPASS.COM/STUDY](http://WWW.PUBLICSAFETYCOMPASS.COM/STUDY) and choose the “Entry-Level Firefighter Candidate Study Guide 2<sup>nd</sup> Edition”

**Completed applications must be received in the Human Resources Office at City Hall no later than 4:00 PM on Friday March 25, 2022.**

**PROOF OF CITIZENSHIP, AGE AND HIGH SCHOOL GRADUATION (OR GED) MUST BE SUBMITTED WITH YOUR APPLICATION.**

Applications will NOT be accepted after **March 25, 2022** and you will not be able to take the examination if your application is not on file.

If you are returning your application and documents by mail or email, send to:

**City of Hot Springs  
Human Resources Department  
Attn: Alisha Gruszka  
133 Convention Blvd  
Hot Springs, Arkansas 71901  
Email to: [AGruszka@cityhs.net](mailto:AGruszka@cityhs.net)**

If you have any questions or need assistance in completing the application, do not hesitate to ask us. **Please notify us if you are disabled and require special accommodations for any portion of the application process, including tests or interviews.**

**It is important that you be on time for the examination. Late arrivals will not be allowed to enter once the exam has started.**

Human Resources Department Contact Information:

Alisha Gruszka, HR Clerk  
Telephone: (501) 321-6841  
Fax Number: (501) 321-6769  
E-mail: [AGruszka@cityhs.net](mailto:AGruszka@cityhs.net)

Application Forms Available in the Human Resources Office or at [www.cityhs.net/jobs](http://www.cityhs.net/jobs)

## General Information

The City of Hot Springs Fire Department is divided into three shifts. Each shift works twenty-four (24) hours beginning at 7:00 AM and is then off for the next forty-eight (48) hours. Each new hire will complete a minimum forty-hour week (8:00 AM to 5:00 PM, Monday through Friday) in training prior to being placed on a 24-hour shift.

## Applicant Requirements

To be eligible for the 2022 firefighter's entrance examination on April 2, 2022 you must:

- Be a citizen of the United States
- Be not less than 20 years of age or arrived at the age of 35 years
  - Arkansas State Code provides that no person who has arrived at the age of 35 shall be eligible for appointment to the Fire Department except where the applicant is already a paid firefighter. The maximum age of 35 shall not apply to:
    - Any person who has at least 2 years of previous experience as a **PAID** firefighter with another fire department and whose years of experience as a **PAID** firefighter when subtracted from the person's age leaves a remainder of not more than 32 years.
    - A current or former service member of the regular or reserve component of the uniformed services of the United States as defined under 10 U.S.C. § 101 who is within three (3) years of separation or retirement from the regular or reserve component of the uniformed services of the United States.
- Have graduated from an accredited high school or passed the GED indicating high school graduation level
- Possess a valid driver's license and a clean driving record
- Have never been convicted of a felony

## Examination & Hiring Process

The first phase of the examination process for the Hot Springs Fire Department is the physical agility test, next is the written test, and last is the Civil Service Commission interview.

### Physical Agility Test

**This is a PASS/FAIL test.** Applicants who do not successfully complete ALL components of the agility test will be immediately disqualified from the current hiring process.

1. Climb an aerial truck ladder. The ladder will be extended 60' and 60 degrees. The applicant must ascend and descend within 3:30 (3 minutes and 30 seconds).
2. Complete 1.5 mile run within 13 minutes. Upon completion of the 1.5 mile run within the allotted time, recruit will have a 5-minute break. This break will start when all recruits have completed the run.
3. Bent knee sit ups – recruit must complete 35 bent knee sit ups (military style) within 2 minutes or less. Starting position for the sit ups will be back on the ground, knees bent and feet on ground (recruit's feet will be held by a spotter (Fire Department personnel). Hands will remain behind the head with fingers laced, if fingers become unlocked at any time during a sit up that sit up will not be counted. Ending position for the sit ups will be when the base of your neck is above the base of your spine. From the starting position to the ending position counts as one (1) sit up. The spotter will confirm the sit ups and maintain the count. Any one sit up may be disqualified due to the following:
  - Failure to lift upper body to a vertical position
  - Failure to keep fingers laced behind your head
  - Raise your buttocks off the ground

Upon completion of the sit ups within the allotted time, recruit will have a 2-minute break. This break will start when all recruits have completed the sit up evolution. (Search YouTube: “How to do a Proper Army Sit Up” by RampageGamer for proper technique).

4. Push-ups – recruit must complete 25 push-ups (military style). There is **NO** time limit for push-ups. During the push up evolution, both hands and both feet must remain in contact with the ground (4 points of contact). The UP position is arms extended with body maintaining a straight line from your head down through your heels. Your hips and torso should remain straight and your hips should never arch or drop from the straight line. The UP position is also the resting position (your knees can not touch when in the UP/Resting position. The DOWN position is when your body is lowered until the sternum touches a 4” spacer. Starting in the UP position, DOWN and UP is counted as one push up. A spotter will confirm push-ups and maintain the count. Any one push up may be disqualified due to the following:

- Not making contact with spacer
- Arching or dropping of the hips or torso during a push up

A recruit may be disqualified from the entire evolution due to the following:

- Not maintaining 4 points of contact
- Any part of the body touches the ground, other than hands and feet
- Resting in a position other than the UP/Resting position (see above)

Upon completion of the push-ups, recruit will have a 2-minute break. This break will start when all recruits have completed the push up evolution. (*Search YouTube: “How to do a proper push up” by Kalani Ng for proper technique*).

5. 125 pound carry – recruit must carry a weight bar with 125 pounds and walk 100 feet. There is **NO** time limit for this evolution.

Upon completion of the 125-pound carry, recruit will have a minimum 2-minute break.

6. Waist Bends (side-to-side) – In a standing position, recruit will hold a 15-pound dumbbell. From this position, recruit will bend at the waist (not the knees) and touch the weight to the ground on the outside of the foot. This movement will be alternated to each side for a total of 7 times per side and be completed within 35 seconds or less. Upon completion of waist bends, recruit will have a minimum 2-minute break.
7. Beam walk – recruit will carry a section of 3” hose rolled in a donut roll across a 2”x 4” beam for a distance of 20 feet without stepping off the beam. Recruit will be allowed one practice attempt. There is **NO** time limit for the beam walk.

## Written Test

The written examination must be successfully completed with a score of 70 or higher to qualify for a personal interview with the City of Hot Springs Civil Service Commission. Applicants not scoring a 70 or above will be immediately disqualified from the current hiring process

## **Civil Service Commission Interview**

Each qualified applicant will be scheduled for an interview with the Civil Service Commission. After the interviews, the Civil Service Commissioners will rate each interviewed applicant based on their qualifications for becoming a firefighter. Those applicants who accumulate enough total points during this process will then be placed on an eligibility list in the order of ranking i.e., the applicant scoring the highest number of points will be #1, the applicant scoring the second highest number of points will be #2, etc. When a vacancy occurs, the Fire Chief has the option of selecting from the top three candidates on the eligibility list at that time. Once the Chief has made this selection, a thorough background investigation will be conducted on the selected individual. If the results are satisfactory, a conditional offer of employment will then be extended, subject to the successful completion of medical examinations, as well as a negative drug test.

If a candidate is disqualified at any time during the above procedure, his/her name will be removed from the eligibility list, and the Chief will then make another selection from the top three remaining candidates on the list.

## **Employment Status**

All newly hired firefighters serve a probationary period of one year, during which time they may be discharged by the Fire Chief with or without cause. If, during this probationary period, any firefighter fails to achieve Firefighter II certification through the Arkansas Fire Training Academy, his/her employment will be terminated. Upon satisfactory completion of the probationary period, a firefighter has achieved permanent status and is then governed by the City of Hot Springs Civil Service Commission.

All new hires are classified as Probationary Firefighter and must serve at least one year in that rank before they are eligible to apply for promotion to the next higher rank. Promotional eligibility lists are created each year through established procedures.

# Employee Benefits

**Annual Vacation Leave** - 144 Hours (6 shifts) first year; to a maximum of 11 shifts

**Discretionary Leave** - 24 Hours (one shift) Per Year

**Sick Leave** - 18.4 Hours per bi-weekly period to a Maximum of 1440 Hours

**Retention Pay** - Payments will be made annually on the first paycheck in November to full-time permanent employees and will be based on the employee's years of service reached in the prior fiscal year, based on the date of hire.

Pays an additional \$500 on the employee's 5-year anniversaries of hire date.

*Pays full-time permanent City employees:*

<b>Uninterrupted Service</b>	Annually (in November) for <b>Uninterrupted Service Years</b>
1-5 years	\$500
6-14 years	\$1,000
15-19 years	\$1,500
20+ years	\$2,000

**Insurance** - Medical/Dental/Life/AD&D; employee contributes \$10 per pay period (\$20 month) towards Medical; dependent coverage available and paid for by the employee

**Pension** - Employee contribution of 8.5% of gross wages; City also contributes

**Uniform Allowance** - \$1,000 at time of hire; \$1,000 per year after first six months; paid Bi-weekly

**Educational Incentive** - After completion of the probationary period, firefighter is eligible to receive an additional \$135 per month for an Associate's Degree; \$200 per month for a Bachelor's Degree; and \$250 per month for a Master's Degree; paid bi-weekly

**Certificate Pay** - Firefighters receive \$100/month for EMT certification and \$50/month for Haz-Mat certification; paid bi-weekly

**Available Options** - Deferred Compensation; Credit Union; Supplemental Insurance

**Salary** - Current entry-level salary for firefighters is **\$39,440** annually (including holiday pay)

# Attention Applicants

THE FOLLOWING DOCUMENTS MUST BE RETURNED WITH YOUR ORIGINAL HOT SPRINGS FIRE DEPARTMENT EMPLOYMENT APPLICATION.

## 1. PROOF OF HIGH SCHOOL GRADUATION OR EQUIVALENT

*Documents accepted:*

- a. High School Diploma
- b. G.E.D. Equivalency Certificate
- c. Official High School Transcript

## 2. PROOF OF CITIZENSHIP AND AGE

*Documents accepted:*

- a. Birth Certificate
- b. Local Voter's Registration
- c. DD-214
- d. Family Bible Record
- e. Religious Document
- f. Naturalization or Other Citizenship Record

## 3. DD-214

(MILITARY DISCHARGE PAPERS)

ONLY IF YOU HAVE BEEN ENLISTED WITH MILITARY SERVICE



## Hot Springs Fire Department Policy Statement

**SUBJECT: Process for Establishing Candidate Eligibility List**

**PURPOSE: To establish procedures for use by the Civil Service Commission and the Hot Springs Fire Department for the establishment of eligibility**

**PROCEDURE:**

A. General Promotion Policy

B. Eligibility Requirements

1. Applicants must be 20 to 34 years of age at the time of testing. Applicants must not have reached their 35th Birthday at the time of their appointment.
2. Applicants must be a United States Citizen able to furnish proof of citizenship
3. Applicants must be high school graduates or possess a General Equivalency Diploma
4. Applicants must be capable of reading, writing, speaking and understanding the English language
5. Applicants must pass a background investigation free of disqualifying offenses
6. Applicants must be able to perform the essential duties of a firefighter and meet all job description requirements

C. Causes for Disqualification:

1. Applicant does not hold United States citizenship. (Temporary disqualification until citizenship is obtained.)
2. Applicant cannot demonstrate his/her ability to read, write, and fluently speak the English language. (Temporary disqualification until the next testing cycle)
3. Applicant is unable to perform the essential functions of the position to which he/she seeks appointment. (Temporary disqualification until the next testing cycle)
4. Applicant is unable to successfully complete the Hot Springs Fire Department Physical Agility Test within one (1) attempt during the time allotted. (Temporary disqualification until the next testing cycle)

5. Applicant has been convicted of a felony under State Law, Federal Law or the Uniform Code of Military Justice. (Permanent disqualification)
6. Applicant has admitted to conduct that constitutes a felony under State Law, Federal Law, or the Uniform Code of Uniform Military Justice. (Permanent disqualification)
7. Applicant is a registered "sex offender". (Permanent disqualification)
8. Applicant has been convicted of a Misdemeanor offense with in the last five years. (Temporary disqualification)
9. Applicant has admitted to committing a misdemeanor offense within the past five years. (Temporary disqualification)
10. Applicant has demonstrated or admitted to conduct inconsistent with the character required of a firefighter.
11. Applicant has pending criminal charges of any type, or is on "probation" for a criminal offense other than minor traffic violations.
12. Applicant has made a false statement in any material fact; withheld information, practiced or attempted to practice deception or fraud in his/her application, examination, background investigation, interview or medical examination. (Permanent disqualification).
13. Applicant has failed to complete or satisfactorily meet the employment process requirements of the Fire Department including, but not limited to, missed appointments, failure to return application package or other necessary paperwork, failure to promptly notify the Fire Department of changes in address or telephone numbers, or who otherwise fail to complete the application process. (Temporary disqualification until next testing period)
14. Applicant has failed to satisfactorily complete the written examination, civil service oral interview or any other component of the process of candidacy
15. Applicant failed to communicate effectively and appropriately in written and oral forms of communication
16. Applicants did not demonstrate an understanding of the roles and responsibilities of a Hot Springs firefighter
17. Applicant did not exhibit the level of maturity or qualities expected of a Hot Springs firefighter. The determination of an applicant's level of personal maturity or qualities rests solely with the civil service commission and the chief of the Hot Springs Fire Department
18. Applicant failure to accurately and precisely respond to the questions of the civil service commission, fire chief and or any other persons designated to make inquiry on behalf of the city
19. Applicant has used illegal drugs or misused prescription medication:
  - Admission of illegal use of marijuana five or less times (experimentation) within the last two (2) years. (Temporary disqualification until two (2) years has passed from last use.)
  - Admission of illegal use of marijuana more than five times within the last five (5) years. (Temporary disqualification until five (5) years has passed from last use.)
  - Admission of abuse or misuse of legally obtained prescription medication(s), or illegal use of the prescription medication(s) of another person. Conduct involving the use abuse and/or misuse of prescription medication(s) will be considered on a case by case basis with consideration given to circumstances and elapsed time since last drug use. (Permanent or temporary disqualification based on circumstances.)

- Admission of illegal use of felony grade substances as defined under the Arkansas Criminal Code. (Temporary disqualification until ten (10) years has passed since last use.)
  - Admission of illegal use of anabolic steroids. (Temporary disqualification until ten (10) years has passed since last use.)
  - Admission of the illegal use of one or more of the following common name drugs and/or their chemical analogs:
    1. Crystal Methamphetamine or Methamphetamine
    2. Heroin
    3. OxyContin
    4. Crack Cocaine
    5. PCP
20. Driving Record: Applicant has a poor driving record incompatible with the safe operation of emergency vehicles or which present potential liabilities to the City of Hot Springs
- Three or more events (moving violations or preventable accidents) in the preceding thirty-six (36) months. (Temporary disqualification until standard met.)
  - Reckless driving or similar conviction within preceding sixty (60) months. (Temporary disqualification until standard met.)
  - Driving while intoxicated or under the influence of drugs within the preceding sixty (60) months. (Temporary disqualification until standard met.)
21. Prior Employment: Has a history of unstable work including, but not limited to, short terms of employment over the candidate's employment history; employment in an illegal occupation; termination of employment without proper notice; and/or dismissal from any public safety position. Has been disciplined, dismissed, or resigned in lieu of dismissal from any employment for inefficiency, delinquency, misconduct or policy violations. Applicants will be considered on a case by case basis with due consideration of the situation(s). (Permanent or temporary rejection based on circumstances.)
22. Judgment Issues: Exercised poor judgment skills within the preceding five years. The applicant has demonstrated either immaturity or poor judgment in the applicant's decision making process. Examples of such conduct would include, but is not limited to: attendance at parties or social functions at which controlled substances or dangerous drugs are consumed, and such activity is known or should have been known by the applicant; silent acceptance of known illegal conduct by others in his presence; workplace behavior/decisions that adversely affect the business or associates, with little or no objectivity justifiable need for such behavior; arrests for misdemeanor offenses other than minor traffic violations. (Temporary disqualification based on circumstances or until the applicant can demonstrate that the applicant's judgment skills have developed.)
23. Medical: Has failed to receive the required recommendation for employment by the Commission's medical doctor. (Temporary or permanent rejection based on nature of the rejection.)
24. Required Minimal Education: Has failed to meet and/or provide documentation of the minimal educational requirements in accordance with Commission rules. (Temporary disqualification until next examination)



**EMPLOYMENT APPLICATION**  
**FOR THE POSITION OF PROBATIONARY FIREFIGHTER**

**CITY OF HOT SPRINGS, ARKANSAS**

(Please print clearly)

**PERSONAL INFORMATION**

Name\_\_\_\_\_

(First Middle Last)

Phone\_\_\_\_\_ Alternate Phone\_\_\_\_\_

Street Address\_\_\_\_\_

\_\_\_\_\_

(City, State, Zip Code)

Email\_\_\_\_\_

Social Security Number\_\_\_\_\_

Date of Birth\_\_\_\_\_ Age\_\_\_\_\_

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

Where were you born?\_\_\_\_\_ Are you a US Citizen?\_\_\_\_\_

Are you physically capable of performing the duties of a firefighter?\_\_\_\_\_

Are you willing to undergo physical agility and medical exams?\_\_\_\_\_

Have you ever been a member of the US Armed Forces? \_\_\_\_\_

If so, which Branch \_\_\_\_\_

Enlistment Date \_\_\_\_\_ Discharge Date \_\_\_\_\_

Type of Discharge \_\_\_\_\_ Rank at Discharge \_\_\_\_\_

Do you have any relatives working for the Hot Springs Fire Department? \_\_\_\_\_

If so, list here:

Name(s) and Relationship \_\_\_\_\_

Do you have any relatives working for the City of Hot Springs? \_\_\_\_\_

If so, list here:

Name(s) and Relationship \_\_\_\_\_

What is your practice regarding the use of intoxicating beverages? \_\_\_\_\_

\_\_\_\_\_

Do you use narcotics in any form? \_\_\_\_\_

# Education Record

## High School

Name\_\_\_\_\_

Location\_\_\_\_\_

Years Completed\_\_\_\_\_ Date Graduated\_\_\_\_\_

## College/Business/Trade School

Name\_\_\_\_\_

Location\_\_\_\_\_

Years Completed\_\_\_\_\_ Major/Course of Study\_\_\_\_\_

Certificate/Degree Earned\_\_\_\_\_

## College/Business/Trade School

Name\_\_\_\_\_

Location\_\_\_\_\_

Years Completed\_\_\_\_\_ Major/Course of Study\_\_\_\_\_

Certificate/Degree Earned\_\_\_\_\_

## Other Schools Attended and/or Special Educational Achievements:

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# Employment History

List all present & past employment, beginning with the current or more recent

Company Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Supervisor \_\_\_\_\_  
Dates of Employment \_\_\_\_\_ Duties \_\_\_\_\_

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Reason for leaving \_\_\_\_\_

Company Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Supervisor \_\_\_\_\_  
Dates of Employment \_\_\_\_\_ Duties \_\_\_\_\_

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Reason for leaving \_\_\_\_\_

Company Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Supervisor \_\_\_\_\_  
Dates of Employment \_\_\_\_\_ Duties \_\_\_\_\_

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Reason for leaving \_\_\_\_\_

Company Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Supervisor \_\_\_\_\_  
Dates of Employment \_\_\_\_\_ Duties \_\_\_\_\_

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Reason for leaving \_\_\_\_\_

Company Name \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Supervisor \_\_\_\_\_

Dates of Employment \_\_\_\_\_

Duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

May we contact these employer(s) listed? \_\_\_\_\_ If not, indicate which ones you do not wish for us to contact \_\_\_\_\_

## References

(Must list at least 3 References)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_



# Certification and Consent

**YOUR APPLICATION WILL BE CONSIDERED INCOMPLETE IF THIS CERTIFICATION AND CONSENT IS NOT SIGNED AND DATED**

I certify that the information set forth in my application for employment is true and complete to the best of my knowledge. I authorize the City of Hot Springs to make such investigations and inquiries of my personal and employment history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, or persons from any 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 and/or interview(s) shall be considered sufficient cause for dismissal. I also understand, that I will be required to abide by all rules and regulations of the City of Hot Springs Board of Civil Service Commissioners.

I hereby agree to submit to pre-employment drug testing. I understand that any offer of employment will be conditional upon completing such test with a negative result. I further understand that a positive test will result in my ineligibility for employment with the City of Hot Springs for a period of at least six (6) months. At any time after the end of the six-month period, I understand that, if I am again selected for hire, I will be required to undergo another drug test at that time with the same requirements and restrictions as applied to the initial testing.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

## Notice and Authorization

This is to notify you that a consumer report of your credit history may be obtained as part of the background investigation relative to your application for employment with the City of Hot Springs Fire Department. Your signature below constitutes your authorization for the City of Hot Springs to obtain such a report. If any adverse action (non-hire) is taken based on the consumer report, you will be provided with a copy of the report and a summary of your rights.

I hereby authorize the City of Hot Springs Fire Department to obtain a consumer report on my credit history.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Applicant

**This Notice & Authorization must be signed and dated and returned to the City of Hot Springs Human Resources Office with your application and related documents.**

**PERSONAL HISTORY STATEMENT  
CITY OF  
HOT SPRINGS, ARKANSAS**





16. Give the names of five responsible persons, other than relatives or past employers, who could provide information about your character, ability, experience, personality and other qualities:

Name

Address

Phone

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**FAMILY HISTORY**

17. List your parents, brothers and sisters:

Name

Address

Phone

Father \_\_\_\_\_

Mother \_\_\_\_\_

Bro/Sis \_\_\_\_\_

Bro/Sis \_\_\_\_\_

Bro/Sis \_\_\_\_\_

Bro/Sis \_\_\_\_\_

18. If any member of your immediate family has ever been arrested for or convicted of a felony offense, explain:

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**FINANCIAL**

19. Total Amount of Life Insurance \_\_\_\_\_

20. Do you have a savings account?    \_\_\_ Yes    \_\_\_ No

Amount \_\_\_\_\_ Bank \_\_\_\_\_ City & State \_\_\_\_\_

Amount \_\_\_\_\_ Bank \_\_\_\_\_ City & State \_\_\_\_\_

21. Do you have a checking account?    \_\_\_ Yes    \_\_\_ No

Amount \_\_\_\_\_ Bank \_\_\_\_\_ City & State \_\_\_\_\_

Amount \_\_\_\_\_ Bank \_\_\_\_\_ City & State \_\_\_\_\_

22. List Investments such as stocks, bonds, etc. \_\_\_\_\_

\_\_\_\_\_

23. Do you own or are you buying your own home?    \_\_\_ Yes    \_\_\_ No

Amount Invested \_\_\_\_\_ Bank/Company \_\_\_\_\_

City/State \_\_\_\_\_

24. Do you own or are you buying other real estate?    \_\_\_ Yes    \_\_\_ No

Amount Invested \_\_\_\_\_ Bank/Company \_\_\_\_\_

City/State \_\_\_\_\_

25. List motor vehicles that you own or are buying or leasing:

\_\_\_\_\_  
(Make)                      (Model)                      (Year)                      (Amount Owed)

\_\_\_\_\_  
(Make)                      (Model)                      (Year)                      (Amount Owed)

\_\_\_\_\_  
(Make)                      (Model)                      (Year)                      (Amount Owed)

26. What income other than salary do you have at present (including spouse's salary)?

\_\_\_\_\_

\_\_\_\_\_

27. List Credit References:

- a) Name of Firm \_\_\_\_\_ Amount Owed \_\_\_\_\_  
Street Address, City & State \_\_\_\_\_
- b) Name of Firm \_\_\_\_\_ Amount Owed \_\_\_\_\_  
Street Address, City & State \_\_\_\_\_
- c) Name of Firm \_\_\_\_\_ Amount Owed \_\_\_\_\_  
Street Address, City & State \_\_\_\_\_
- d) Name of Firm \_\_\_\_\_ Amount Owed \_\_\_\_\_  
Street Address, City & State \_\_\_\_\_

28. What is your total indebtedness at present? \_\_\_\_\_

29. Have your creditors treated you fairly? \_\_\_\_\_ If not, explain \_\_\_\_\_

30. Have you ever been sued? \_\_\_\_\_ If "Yes", give details \_\_\_\_\_

<b>RESIDENCES</b>
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31. List addresses for past ten years starting with present address at top:

<u>From</u>	<u>To</u>	<u>Address</u>	<u>Landlord</u>
<u>Mon/Yr</u>	<u>Mon/Yr</u>		



**WORK HISTORY**

32. Are you now, or have you ever been, engaged in any business as an owner, partner or corporate board member?     Yes     No    If "Yes", give details)

\_\_\_\_\_

\_\_\_\_\_

33. If you have ever been discharged or forced to resign because of misconduct or unsatisfactory service, give details:

\_\_\_\_\_

\_\_\_\_\_

34. Have your employers always treated you fairly?     Yes     No    If not, explain

\_\_\_\_\_

\_\_\_\_\_

35. Do you object to wearing a uniform?     Yes     No

36. Do you object to working nights?     Yes     No

37. Do you object to working shifts?     Yes     No

38. List all jobs you have held in the last ten years. Put your present or most recent job first. If you need more space, you may attach additional sheets. Include military service in proper time sequence; include temporary and part-time jobs.

Title of Present or Last Position _____	
Dates Employed _____	
____ Full-Time (____ Years ____ Months)	____ Part-Time (____ Years ____ Months)
Name and Title of Supervisor _____	
Number of Employees Supervised by You _____	Your Duties _____
_____	
Employer _____	Address _____
Reason for Leaving _____	

Title of Present or Last Position _____	
Dates Employed _____	
____ Full-Time (____ Years ____ Months)	____ Part-Time (____ Years ____ Months)
Name and Title of Supervisor _____	
Number of Employees Supervised by You _____	Your Duties _____
_____	
Employer _____	Address _____
Reason for Leaving _____	

Title of Present or Last Position \_\_\_\_\_  
Dates Employed \_\_\_\_\_  
\_\_\_\_ Full-Time (\_\_\_\_ Years \_\_\_\_ Months)      \_\_\_\_ Part-Time (\_\_\_\_ Years \_\_\_\_ Months)  
Name and Title of Supervisor \_\_\_\_\_  
Number of Employees Supervised by You \_\_\_\_      Your Duties \_\_\_\_\_  
\_\_\_\_\_  
Employer \_\_\_\_\_ Address \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Title of Present or Last Position \_\_\_\_\_  
Dates Employed \_\_\_\_\_  
\_\_\_\_ Full-Time (\_\_\_\_ Years \_\_\_\_ Months)      \_\_\_\_ Part-Time (\_\_\_\_ Years \_\_\_\_ Months)  
Name and Title of Supervisor \_\_\_\_\_  
Number of Employees Supervised by You \_\_\_\_      Your Duties \_\_\_\_\_  
\_\_\_\_\_  
Employer \_\_\_\_\_ Address \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Title of Present or Last Position \_\_\_\_\_  
Dates Employed \_\_\_\_\_  
\_\_\_\_ Full-Time (\_\_\_\_ Years \_\_\_\_ Months)      \_\_\_\_ Part-Time (\_\_\_\_ Years \_\_\_\_ Months)  
Name and Title of Supervisor \_\_\_\_\_  
Number of Employees Supervised by You \_\_\_\_      Your Duties \_\_\_\_\_  
\_\_\_\_\_  
Employer \_\_\_\_\_ Address \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

39. List any claims you have filed for workers' compensation \_\_\_\_\_  
\_\_\_\_\_

40. List any past or present physical disabilities \_\_\_\_\_  
\_\_\_\_\_

41. Describe any extended absences from work you have had because of personal illness \_\_\_\_\_  
\_\_\_\_\_

42. Have you previously submitted an application for employment with this agency? \_\_\_\_ Yes \_\_\_\_ No  
If "Yes", list approximate date(s) \_\_\_\_\_

**MILITARY SERVICE**

43. Were you ever in the U.S. Military Service or any other military organization? \_\_\_\_ Yes \_\_\_\_ No  
Branch \_\_\_\_\_ Unit \_\_\_\_\_ Service Number \_\_\_\_\_  
Date of Enlistment \_\_\_\_\_ Date of Discharge \_\_\_\_\_ Highest Rank \_\_\_\_\_
44. List Medals and Decorations \_\_\_\_\_  
\_\_\_\_\_
45. Type of Discharge \_\_\_\_\_
46. If you are presently a member of the National Guard or any military reserve, give the unit and location and describe your obligation: \_\_\_\_\_  
\_\_\_\_\_

**EDUCATION**

47. List all schools attended:
- |         | <u>Name of School</u> | <u>City &amp; State</u> | <u>From/To</u> | <u>Yrs. Completed</u> |
|---------|-----------------------|-------------------------|----------------|-----------------------|
| Grade   | _____                 |                         |                |                       |
| High    | _____                 |                         |                |                       |
| College | _____                 |                         |                |                       |
| Other   | _____                 |                         |                |                       |
| Other   | _____                 |                         |                |                       |
48. Did you either graduate from high school or pass the high school equivalency test? \_\_\_\_\_
49. List college degree(s) received and major field(s). Include incomplete courses. \_\_\_\_\_  
\_\_\_\_\_
50. Were you ever expelled from any school, or were you ever disciplined by any school official? \_\_\_\_  
If "Yes", explain \_\_\_\_\_  
\_\_\_\_\_

**ARREST & MILITARY DISCIPLINARY**

**Answer all of the following questions completely and accurately. Any falsifications or misstatements of fact may be sufficient to disqualify you. (Exclude minor traffic violations.)**

51. Have you ever been arrested or detained by police? \_\_\_\_ Yes      \_\_\_\_ No If "Yes", give details:
- a. Crime Charged \_\_\_\_\_ Police Agency \_\_\_\_\_  
Date \_\_\_\_\_ Disposition of Case \_\_\_\_\_
- b. Crime Charged \_\_\_\_\_ Police Agency \_\_\_\_\_  
Date \_\_\_\_\_ Disposition of Case \_\_\_\_\_
52. Have you ever been placed on probation? \_\_\_\_ If "Yes", give details \_\_\_\_\_  
\_\_\_\_\_
53. Have you ever been required to pay a fine in excess of \$25.00? \_\_\_\_ If "Yes", give details \_\_\_\_\_  
\_\_\_\_\_
54. Have you ever been reported as a missing person or as a runaway? \_\_\_\_ If "Yes", give details,  
including jurisdiction, dates and outcome \_\_\_\_\_  
\_\_\_\_\_
55. Were you ever court-martialed, tried on charges or the subject of a summary court, deck court, captain's  
mast or company punishment or any other disciplinary action while a member of the Armed Forces?  
Yes \_\_\_\_ No \_\_\_\_ If "Yes", explain \_\_\_\_\_  
\_\_\_\_\_
56. List any disciplinary action taken against you in the National Guard or other reserve unit \_\_\_\_\_  
\_\_\_\_\_
57. If you have ever been fingerprinted by a police agency other than for an arrest, give details below. The  
information you provide will be checked with the FBI and other agencies.
- Agency \_\_\_\_\_ Date \_\_\_\_\_ Purpose \_\_\_\_\_  
Agency \_\_\_\_\_ Date \_\_\_\_\_ Purpose \_\_\_\_\_
58. Can you operate a motor vehicle? \_\_\_\_\_
59. Do you possess a valid operator's license from the State of Arkansas? \_\_\_\_\_  
Operator's License Number \_\_\_\_\_ Year Issued \_\_\_\_\_
60. Do you possess an operator's license issued by any state other than Arkansas? \_\_\_\_\_
61. Was your license ever suspended or revoked? \_\_\_\_ If "Yes", state which and give reason \_\_\_\_\_  
\_\_\_\_\_
62. Was your license ever restored? \_\_\_\_ If "Yes", state when \_\_\_\_\_
63. Have you ever been refused an operator's license by any state? \_\_\_\_\_

64. Have your driving privileges ever been restricted? \_\_\_\_\_ If "Yes", give details \_\_\_\_\_

\_\_\_\_\_

65. Has a motor vehicle being driven by you ever been involved in an accident? \_\_\_\_\_ If "Yes", give complete details for each accident whether collision or non-collision:

a. Date \_\_\_\_\_ Location \_\_\_\_\_  
Police Investigation \_\_\_\_\_ Yes \_\_\_\_\_ No Cause of Accident \_\_\_\_\_

b. Date \_\_\_\_\_ Location \_\_\_\_\_  
Police Investigation \_\_\_\_\_ Yes \_\_\_\_\_ No Cause of Accident \_\_\_\_\_

66. List any convictions for minor traffic violations:

<u>Location</u>	<u>Date</u>	<u>Nature of Violation</u>	<u>Penalty/Disposition</u>
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>ATTITUDES</b>
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67. What do you consider to be the current social problems of greatest concern?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

68. What are your experiences and beliefs concerning the use of alcoholic beverages?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

69. What are your experiences and beliefs concerning the use of marijuana and/or other mind-altering drugs?

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70. What are your feelings about having to carry a badly burned body from a building during the course of fighting a fire?

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**CAREER OBJECTIVES**

71. Briefly explain your reasons for applying for this position:

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**CERTIFICATION**

I hereby certify that all statements made in this questionnaire are true and complete and that I understand that any misstatements of material facts will subject me to disqualification or dismissal.

\_\_\_\_\_  
(Signature in Full)

\_\_\_\_\_  
(Date Signed)

# PERSONAL DECLARATIONS

Drug use covers all terms used to describe the ingestion of any of the listed types into a person's system.  
 Example: experimented, tried, etc.

Have you used:

Substance	Yes/No	Approximate First Date Used	Approximate Last Date Used	Total Number of Times Used
PCP (Angel Dust)				
THC (Hashish/Marijuana)				
LSD				
Heroin				
Cocaine				
Amphetamine/Methamphetamines				
Ecstasy/XTC/Ice				
Inhalants (glue/paint)				
GHB/Rohypnol (date-rape drug)				
Steroids (Other than prescription)				
Any other recreational/non-prescription drugs				

If you answered yes to any of the above questions, please explain circumstances:

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**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PERSONAL DECLARATIONS/DRUG USE (Continued)**

Have you ever possessed any of the items specified on previous page? \_\_\_\_ Yes \_\_\_\_ No

Which \_\_\_\_\_ When \_\_\_\_\_ # Times \_\_\_\_\_

Have you ever sold any of the items specified on previous page? \_\_\_\_ Yes \_\_\_\_ No

Which \_\_\_\_\_ When \_\_\_\_\_ # Times \_\_\_\_\_

Have you ever bought any of the items specified on previous page? \_\_\_\_ Yes \_\_\_\_ No

Which \_\_\_\_\_ When \_\_\_\_\_ # Times \_\_\_\_\_

Have you ever been involved, in any way, in the manufacturing of an illegal drug? \_\_\_\_ Yes \_\_\_\_ No

What drug? \_\_\_\_\_ How were you involved? \_\_\_\_\_

Have you ever been involved in the delivery of any illegal drugs to another person? \_\_\_\_ Yes \_\_\_\_ No

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

Have you ever transported any illegal drugs across a state of U.S. border? \_\_\_\_ Yes \_\_\_\_ No

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

Have you ever cultivated or grown any illegal drug or substance? \_\_\_\_ Yes \_\_\_\_ No

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

Have you ever used prescription or over the counter medication or products for any purpose other than intended or those listed in the directions, or grossly exceeded the recommended dosage?

\_\_\_\_ Yes \_\_\_\_ No If yes, please \_\_\_\_\_

Have you ever taken prescription medication not prescribed for you? \_\_\_\_ Yes \_\_\_\_ No

If yes, what type? \_\_\_\_\_

From whom? (relation) \_\_\_\_\_ When? \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# ALCOHOL USE

Do you use alcoholic products? \_\_\_\_ Yes \_\_\_\_ No

If yes, how often do you drink and approximately how much at any given time? \_\_\_\_\_

Have you ever consumed alcohol during work, in violation of company policy or procedures?

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

Have you ever been disciplined as a result of an alcohol related incident?

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

Have you ever sought medical help or counseling for alcohol/substance abuse related reasons?

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

Have you ever consumed alcohol as a minor?

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

If yes, at what age(s)? \_\_\_\_\_

Provided by whom? \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_