

FIREMEDIC - Supplemental Questionnaire

INSTRUCTIONS: The purpose of the Supplemental Questionnaire is to identify your job related qualifications. The Application and Supplemental Questionnaire must be **fully** completed. Work history listed in the Supplemental Questionnaire **must** also be provided in the Application. Your Application, Supplemental Questionnaire, College Transcripts, and other material will be reviewed and a score assigned based on information submitted.

Failure to submit a Supplemental Questionnaire or answer all questions will result in disqualification. A resumé will **not be accepted** as a substitute for full completion of the required Application and Supplemental Questionnaire. If more space is needed attach additional sheets, limit each response to ½ page.

For positions requiring college education, a legible official or student transcript (copies accepted) issued by the institution must be submitted for verification or you will be disqualified. Computer downloads of student records, grade/advisor reports, degree plans, class schedules, etc. will not satisfy this requirement. For positions that do not require college education, providing transcripts may increase your score and ranking on the employment register. To receive credit for other courses, classes or seminars, a copy of certificate(s) should be submitted with each Application.

FAILURE TO ANSWER ALL QUESTIONS WILL RESULT IN DISQUALIFICATION.

1. Firemedic requires that you possess a valid license as a credentialed Paramedic from the state of residence and must be eligible for reciprocity from the State of Alabama Division of Emergency Medical Services if not licensed by this Agency. Do you possess this license? Yes _____ No _____

FAILURE TO SUBMIT A LEGIBLE COPY OF YOUR CURRENT PARAMEDIC LICENSE WITH YOUR APPLICATION WILL RESULT IN DISQUALIFICATION

2. Firemedic requires that you have current Board Certification from the National Registry of Emergency Medical Technicians as a Paramedic. Do you have current Board Certification? Yes _____ No _____

FAILURE TO SUBMIT A LEGIBLE COPY OF YOUR CURRENT BOARD CERTIFICATION WITH YOUR APPLICATION WILL RESULT IN DISQUALIFICATION

3. Firemedic requires Firefighter certification by a PROBOARD or IFSAC accredited agency or successful completion of the Candidate Physical Ability Test (CPAT).

A. Are you certified as a Firefighter by a PROBOARD or IFSAC accredited agency? Yes _____ No _____

B. Have you passed the Candidate Physical Ability Test (CPAT)? Yes _____ No _____

If so, when? Please provide month and year. _____

FAILURE TO SUBMIT PROOF OF YOUR CERTIFICATION AS A FIREFIGHTER OR PROOF OF HAVING PASSED THE CANDIDATE PHYSICAL ABILITY TEST (CPAT) WITH YOUR APPLICATION WILL RESULT IN DISQUALIFICATION

4. Firemedic requires possession of a valid driver's license from state of residence. Do you possess a valid driver's license? Yes _____ No _____

FAILURE TO SUBMIT A LEGIBLE COPY OF YOUR VALID DRIVER'S LICENSE WITH YOUR APPLICATION WILL RESULT IN DISQUALIFICATION

5. This position requires graduation from a standard senior high school or G.E.D. Describe your educational background. List the name(s) of the school/college attended, dates attended, major(s) and degree attained.

TRANSCRIPTS MUST BE SUBMITTED WITH APPLICATION FOR POSITIONS REQUIRING COLLEGE EDUCATION

For the following questions, indicate the names of your employers, your titles, duties, responsibilities, dates of employment and the length of time duties were performed with *each* employer.

6. Provide examples of your experience that demonstrate the ability to recognize and manage life threatening emergencies.
7. Provide examples of your experience that demonstrate the ability to provide life support, utilizing both invasive and non-invasive techniques.
8. What procedures would you follow to decrease incident stress and coordinate efforts of other agencies so that patient care would be maximized?
9. A Firemedic must obtain certification as a Firefighter in the State of Alabama within the first year of employment. Provide examples of your experience that show the ability to perform the duties of a firefighter and meet all requirements for certification.

Certification of Applicant: I hereby certify that I am the author of this questionnaire and that all information presented is true and based on my background, education and experience. I agree and understand that misstatements or omissions of material facts herein may forfeit my rights to employment under the jurisdiction of the Personnel Board for Mobile County.

Date

Signature

**SUPPLEMENTAL QUESTIONNAIRE
 APPLICANT DATA SHEET
 MOBILE COUNTY PERSONNEL BOARD**

APPLICANT INSTRUCTIONS: 1 – WRITE YOUR NAME AND SOCIAL SECURITY #
 2 – SELECT EMPLOYMENT TYPE
 3 – SELECT JURISDICTIONS
 4 – SIGN AND DATE THE FORM

FIREMEDIC (017540) 12705
 Examination Announcement #

 Applicant Name Applicant SS#

EMPLOYMENT TYPES: Check all you will accept.

- FULL TIME PART TIME TEMPORARY SEASONAL SUPERNUMERARY
 (SUBSTITUTE) SHIFT WORK

JURISDICTION/SALARY: **Check all you will accept AS INDICATED BY SALARY.**

- | | | | |
|--|-----------------------|--------------------------------------|-----------------------|
| <input type="checkbox"/> 02-CITY OF MOBILE | \$ 30,847 - \$ 49,314 | <input type="checkbox"/> 03-PRICHARD | \$ 20,856 - \$ 32,352 |
| <input type="checkbox"/> 05-SARALAND | \$ 32,471 - \$ 51,910 | <input type="checkbox"/> | |
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 Applicant Signature Date

For Office Use Only:

CERTIFICATION NOTES

Items Received:

Analyst Initials Date