



FIRE CHIEF

- A. The Fire Chief is directly responsible to the City Manager.
- B. The Fire Chief directly supervises those in command of the department divisions: Administration/Ops, Prevention, and Training.
- C. The Fire Chief directly supervises those in command of staff positions: Secretary, Chaplain, Safety, President of the Volunteers, and Public Information Officer.

Duties and Responsibilities:

1. Overall administration of all Department operations and functions, including fire suppression, public service, fire prevention, building inspections, fire investigation and public education.
2. Overall administration of the Fire Department support activities, including department personnel functions, training, staffing, maintenance, supply, and budgeting.
3. Protection of lives and property of citizens due to fire, man made or natural disasters.
4. Coordinates with other department heads within the city government.
5. Coordinates with other Fire Chiefs within the State, and County.
6. Serves as a source of information to the City Council and City Manager.
7. Administration of all building and life safety codes and activities through subordinate officers and staff.
8. Administration of all code enforcement and inspections as mandated by State and local Government.
9. To see that all records are properly kept and all necessary reports made.
10. Serves as a source of information pertaining to building and life safety to the City Manager and other public bodies.
11. Coordinates (within the area of Fire Prevention and Building Safety) with other city departments.
12. Overall budgetary development of the Prevention Division.
13. Administration of all Fire Investigations.
14. Obtains and maintains certifications as mandated by State Law.
15. Responds to the public with a professional and helpful attitude, maintains a neat appearance, and works in harmony with all members of City Government

Date: _____

City of Graham

612 Elm Street
PO Box 1449
Graham, Texas 76450
(940) 549-3324

APPLICATION FOR EMPLOYMENT

Please print in ink or use typewriter. Attach extra sheets of paper when necessary. Read carefully and answer all question completely.

Position or department applying for: _____

APPLICANT INFORMATION:

Name: _____ Social Security#: _____

Current Address: _____

Telephone number: Home# _____ Cell# _____

Are you authorized to work in this country? () yes () no

Driver's License Type: _____ .Number: _____ State of Issue: _____

Residences: List all address where you have lived during the past 3 years, beginning with the present. List date by month and year.

Military Record:

Have you served in the U.S. Armed Forces? () yes () no

Date of Service: From _____ To _____ 'Branch _____

Highest Rank Held: _____ Type of discharge: _____

EDUCATION:

Did you complete high school or G.E.D. ? () yes () no

High School Attended

City & State

Graduated

College/University attended: _____

Units Completed _____ Major/Minor _____ Degree received: _____

List other schools attended (trade, vocations, business) give name and address, dates attended, course of study, and other pertinent information.

SPECIAL QUALIFICATIONS:

List any specialized equipment or machinery which you can operate:

List names of any professional organization of which you are a member: _____

CONVICTIONS, DETENTIONS, AND TRAFFIC RECORD

Specify all convictions and nature of offense:

Has your driver's license ever been suspended or revoked? () yes () no

List all traffic citations you have received excluding parking tickets:

WORK HISTORY: Beginning with your present or most recent job, list all employment, including part-time, temporary or seasonal employment. Include all periods of unemployment.

YOU MUST COMPLETE ALL BLANKS WITH INFORMATION REQUESTED.

May we contact your present employer? () yes () no

From _____ To _____ Employer _____
Address (number/street/city/state/zip) _____

Phone number _____ Job Title _____
Supervisor _____ Reason for leaving _____

From _____ To _____ Employer _____
Address (number/street/city/state/zip) _____

Phone number _____ Job Title _____
Supervisor _____ Reason for leaving _____

From _____ To _____ Employer _____
Address (number/street/city/state/zip) _____

Phone number _____ Job Title _____
Supervisor _____ Reason for leaving _____

PERSONAL REFERENCES: give name, address, and phone number of three persons other than relatives, who have knowledge of your character, experience, or ability:

CERTIFICATION

I hereby certify that the statements in the application are true and correct. I realize that they will be investigated and thereby authorize the release of any pertinent and appropriate information from my past employer and personal references. I understand that misrepresentations on my part in completing this application will cause my application to be rejected at anytime before or after my possible employment with the City of Graham.

I understand that this application is not an employment agreement, and that no employment is being offered to me in this application. If I am offered employment, I understand that under the at-will doctrine the City is allowed to change my wages, benefits, and other conditions of employment at any time. I also understand that under the at-will doctrine, I may terminate my job with the City at any time for any reason.

Signature of Applicant: _____ Date: _____

Return applications to: City of Graham
612 Elm Street
Graham, Texas 76450