



006 3% PFO409-65,015.50 JONI 7.16.20

# Metropolitan Government of Nashville and Davidson County

Rating Period

7.16.18

to

7.16.19

## EMPLOYEE PERFORMANCE EVALUATION

Employee Name: Benjamin S Powers

Title/Department: Firefighter 2

Employee #: 621693

Supervisor Name/Title: Patrick I hunt/Capt.

Evaluation Type:  Annual  Probationary/Work Test  Targeting  Other

### Performance Rating Definitions

- 1 - Needs Improvement: Performance fails to meet the minimum performance standards of the position.
- 2 - Successful: Performance meets the standards of the position.
- 3 - Exceptional: Performance is significantly above the performance standards of the position.

**A. MAJOR JOB RESPONSIBILITIES:** List the responsibility, rate the performance level, and provide comments to support your ratings. \*NOTE: A rating of 1 or 3 must be documented.

Responsibility	1	2	3	Comments
1. Firefighting and rescue operations	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	F/F Powers has high competence in rescue operations and is equally capable in his firefighting duties.
2. General station and equipment maintenance	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	F/F Powers needs no prompting for station work or equipment maintenance.
3. Training and continuous education programs, to include relief driving	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	F/F Powers is all in on training and is involved in furthering his education in respects to his job. He is an excellent relief driver.
4. First responder medical activities	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	F/F Powers is proficient with his EMT skills, proactive and positive team member on the scene.
5. Relief apparatus driving and scene operations (if applicable)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	
6.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
7.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
8.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
9.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
10.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

**B. CORE COMPETENCIES:** Mark a rating indicating how well the employee displays the competency and provide comments to support your ratings.

Competency	1	2	3	Comments
1. <b>Adaptability/Flexibility:</b> Displays willingness and ability to adjust to change in assignments, schedule, rules, and procedures in a timely manner.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	
2. <b>Communications:</b> Receives and relays information in a clear, accurate, and respectful manner. Conveys information effectively through verbal and written means.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	F/F Powers has a calm demeanor, he is well spoken and clearly conveys facts verbally and in written form.
3. <b>Customer Relations:</b> Displays positive, cooperative, and respectful approach when interacting with customers and focuses on meeting customer needs and gaining results.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	F/F Powers understands that the NFD is here to furnish a service and interrelates with the public with regard and a positive approach.
4. <b>Dependability:</b> Takes personal responsibility for the quality and timeliness of work, and achieves results with little oversight.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	
5. <b>Initiative:</b> Demonstrates appropriate independent action, self-application, self-improvement, and innovation to achieve results and to address gaps and issues with supervisory guidance.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	F/F Powers is resourceful and self-reliant but takes guidance when required.
6. <b>Teamwork/Peer Relations:</b> Displays a positive, cooperative, and respectful approach when interacting with other employees. Demonstrates ability to work effectively in a team to achieve results.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	F/F Powers has a positive attitude and is very respectful with all other employees.

**C. EXPECTED WORK BEHAVIORS:** Mark the appropriate rating and provide comments if needed. Comments must be provided for a rating of Unacceptable.

Behavior	Acceptable	Unacceptable	Comments
1. <b>Attendance:</b>	<input checked="" type="radio"/>	<input type="radio"/>	
2. <b>Compliance with Rules</b>	<input checked="" type="radio"/>	<input type="radio"/>	
3. <b>Observance of Work Hours</b>	<input checked="" type="radio"/>	<input type="radio"/>	

\* A rating of Unacceptable for any of the above items constitutes an overall Unsatisfactory evaluation and requires the following:

- Documentation of specific problem(s) and corrective and/or disciplinary actions taken.
- Authorization of next level manager. Signature \_\_\_\_\_
- Authorization of departmental/Metro Human Resources office. Signature \_\_\_\_\_

**D. GOAL ACHIEVEMENT** (This section should be completed only if you used the Performance Plan form to set goals at the beginning of the rating period. This is intended for developmental purposes and is not calculated as part of the performance rating.) Indicate whether or not the employee achieved their performance and developmental goals for the year. Provide comments if needed.

Goal	Successful	Ongoing	Comments
1.	<input type="radio"/>	<input type="radio"/>	
2.	<input type="radio"/>	<input type="radio"/>	
3.	<input type="radio"/>	<input type="radio"/>	
4.	<input type="radio"/>	<input type="radio"/>	
5.	<input type="radio"/>	<input type="radio"/>	

**ADDITIONAL COMMENTS:**

**PERFORMANCE RATINGS:** The average of each section and list in the designated area. The Overall rating is the average of the Section A and B ratings.

Section A  Section B  Overall

This form acknowledges that my supervisor and I met and discussed this performance evaluation. My signature does not imply that I agree with these evaluation results.

Employee's Signature *B-P*  
 Supervisor's/Raters's Signature *Patricia Howard*  
 Reviewer's Signature *H. M. Byer*  
 Director's Signature (optional) \_\_\_\_\_

Date *6-3-2019*  
 Date *6-3-2019*  
 Date *6-3-19*  
 Date \_\_\_\_\_

Benjamin S Powers

emp# 621693

**MISC. EBS ENTRY**

LEAVE

SUSPENSION/MILITARY LEAVE/FMLA/SHORT-TERM DISABILITY/LWOP

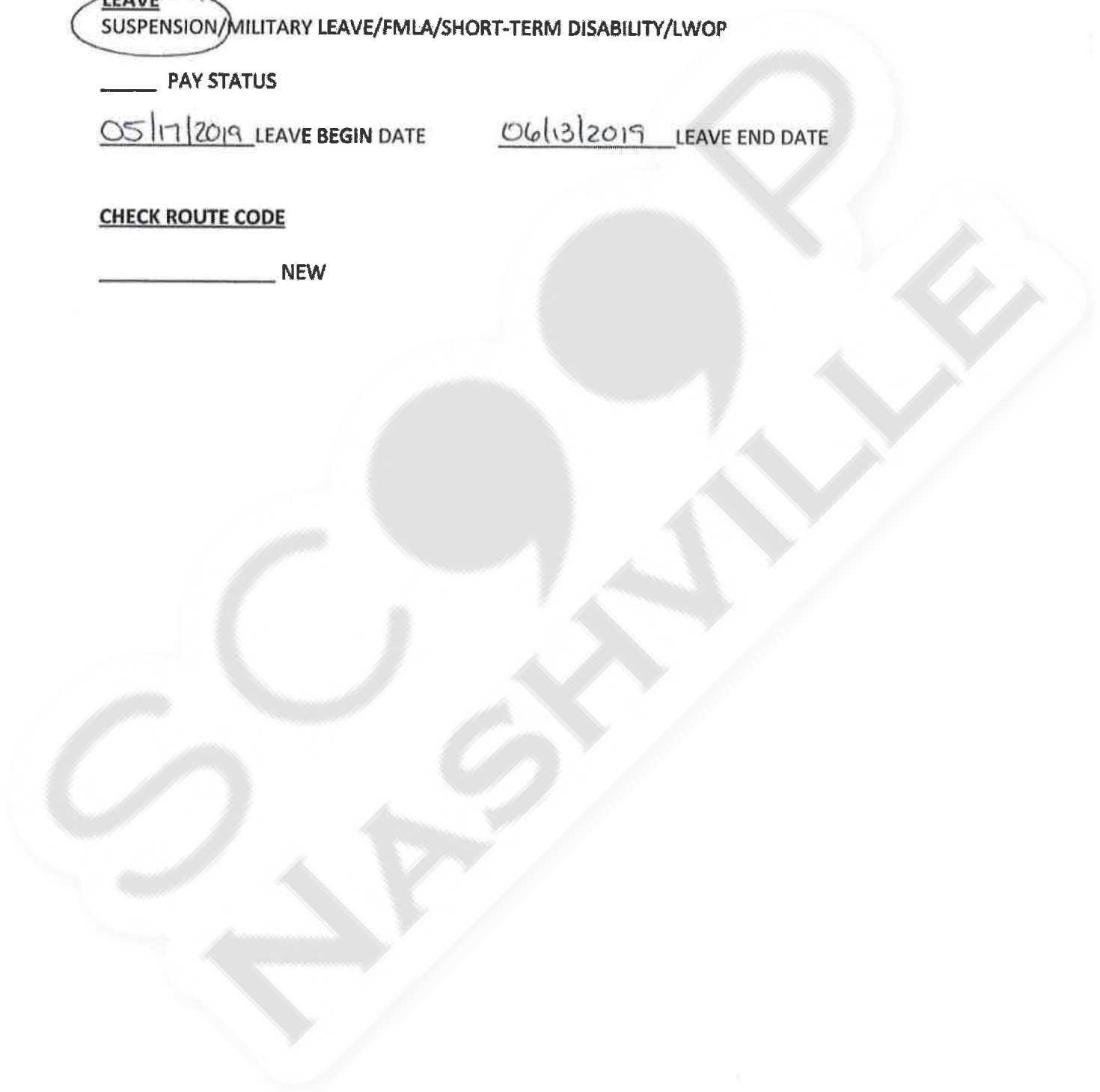
\_\_\_\_ PAY STATUS

05/17/2019 LEAVE BEGIN DATE

06/13/2019 LEAVE END DATE

CHECK ROUTE CODE

\_\_\_\_ NEW





## DISCIPLINARY AGREEMENT

The purpose of this Memorandum is to set forth the terms of an agreement reached between representatives of the Nashville Fire Department (NFD) and NFD employee Benjamin Powers.

Benjamin Powers as a result of the following actions:

On April 27, 2019 while working overtime on foot patrol at the NFL draft, Commander Clymer was made aware you were not wearing department issued uniform or your safety vest as required in Memo 19-066. In addition it was reported to Commander Clymer that you were almost two (2) blocks from your assigned location after instruction that you were to remain at your assigned location. Accordingly you were relieved of your duties and sent home.

Based on this information, you are alleged to have violated the following rules/laws:

- o Civil Service 6.7 - #1 Neglect or failure to perform your official duties
- o Civil Service 6.7 - # 5 Neglect or disobedience to the lawful and reasonable orders given by a supervisor.
- o Civil Service 6.7 - #11 Violation of any written rules, policies or procedures of the department in which the employee is employed.

On this day, the NFD representative met with Benjamin Powers. The parties reached an agreement that effectively disposes of all disciplinary charges that would be considered as a result of this misconduct.

In exchange for NFD's promise to pursue no further disciplinary action related to Benjamin Powers misconduct outlined above, he hereby agrees to accept a twenty (20) day suspension. He will be allowed to forfeit up to 10 vacation days from his balance in lieu of serving the suspension. This will not impact his leave accrual he may earn. In addition Benjamin Powers will be reassigned and not allowed to participate in the bid process for two (2) years.

FURTHERMORE, Benjamin Powers waives any appeal related to said sanctions, and agrees to pursue no further cause of action regarding them.

Both parties acknowledge their best interests are served by disposal of these potential charges in an expedient manner that eliminates, for Benjamin Powers, the risk that a panel will recommend a harsher sanction.

The NFD and Benjamin Powers acknowledge and agree that this Memorandum pertains to ALL, and ONLY, the incidents of misconduct described within its corners.

Benjamin Powers acknowledges the representative of the NFD, has advised that this Memorandum and the misconduct that precipitated it will be taken into account if there are further incidents of misconduct, and that such misconduct could result in further disciplinary action up to and including termination of employment.

By their signatures below, Benjamin Powers and the NFD, by and through its representative, each acknowledges:

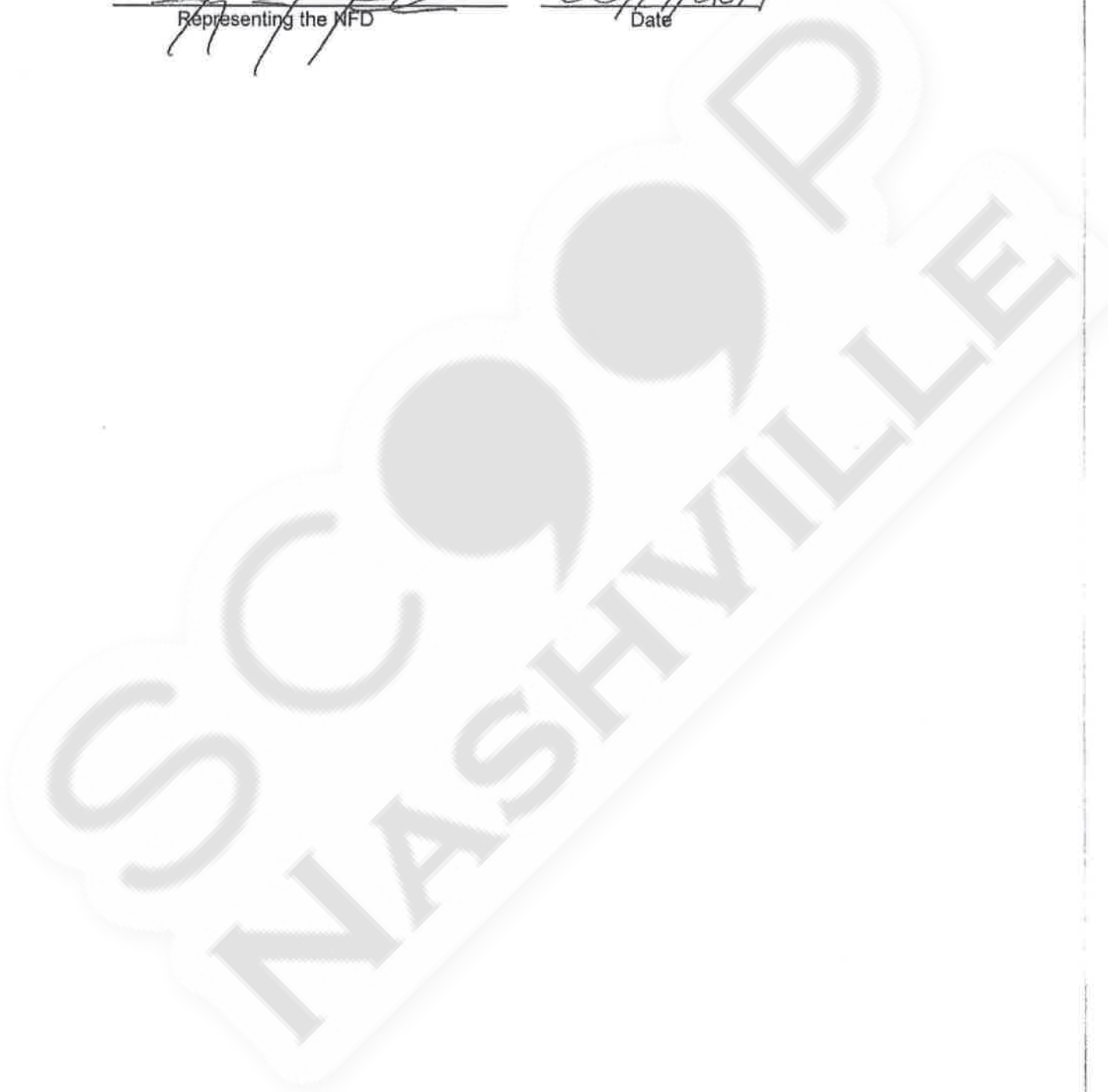
- 1) the factual accuracy of events herein described,
- 2) an agreement to be bound by the terms of this Memorandum, and,
- 3) that each enters the agreement knowingly, voluntarily, and willingly.

B-P  
Benjamin Powers

5-14-2019  
Date

[Signature]  
Representing the MFD

05/14/2019  
Date



**Smith, Michele (NFD-ADM)**

---

**From:** Natali, Jaime (NFD)  
**Sent:** Wednesday, May 15, 2019 7:49 AM  
**To:** Summers, Jamie (NFD-ADM); Smith, Michele (NFD-ADM); Moreland, Jerry (NFD); Manning Sr, Lenny  
**Cc:** Goins, Angie (NFD-ADM); Boatman, Cissy (NFD)  
**Subject:** RE: Disciplinary agreement

10 days have been deducted.

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**From:** Summers, Jamie (NFD-ADM)  
**Sent:** Wednesday, May 15, 2019 7:44 AM  
**To:** Smith, Michele (NFD-ADM); Moreland, Jerry (NFD); Manning Sr, Lenny  
**Cc:** Goins, Angie (NFD-ADM); Boatman, Cissy (NFD); Natali, Jaime (NFD)  
**Subject:** Disciplinary agreement

Michele please get with Chief Manning to discuss suspension days. Jaime deduct his 10 days from his vacation balance. Cissy please scan to his file.

Thanks everyone.

**Smith, Michele (NFD-ADM)**

---

**To:** Powers, Benjamin (NFD)  
**Cc:** Goins, Angie (NFD-ADM)  
**Subject:** Disciplinary Agreement

Per your Disciplinary Agreement signed May 14, 2019, you have agreed to a suspension of twenty (20) days.

Per the agreement you were allowed to forfeit ten (10) vacation days in lieu of ten (10) days suspension. Those days have been adjusted from your accrued leave balance in TeleStaff.

The remain ten (10) days will be served as suspension days. Chief Manning will get with you next week to schedule those days.

If you have any questions, let me know.

Michele

*Michele P Smith*

Michele P Smith  
Administrative Services Officer IV  
Nashville Fire Department  
P O Box 196332  
Nashville, TN 37219-6332

615-862-5427 Office  
615-214-3627 Fax



621693

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- o Civil Service 6.7 - #5 Neglect or disobedience to the lawful and reasonable orders given by a supervisor.
- o Civil Service 6.7 - #11 Violation of any written rules, policies or procedures of the department in which the employee is employed.

On this day, the NFD representative met with Benjamin Powers. The parties reached an agreement that effectively disposes of all disciplinary charges that would be considered as a result of this misconduct.

In exchange for NFD's promise to pursue no further disciplinary action related to Benjamin Powers misconduct outlined above, he hereby agrees to accept a twenty (20) day suspension. He will be allowed to forfeit up to 10 vacation days from his balance in lieu of serving the suspension. This will not impact his leave accrual he may earn. In addition Benjamin Powers will be reassigned and not allowed to participate in the bid process for two (2) years.

FURTHERMORE, Benjamin Powers waives any appeal related to said sanctions, and agrees to pursue no further cause of action regarding them.

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Benjamin Powers acknowledges the representative of the NFD, has advised that this Memorandum and the misconduct that precipitated it will be taken into account if there are further incidents of misconduct, and that such misconduct could result in further disciplinary action up to and including termination of employment.

By their signatures below, Benjamin Powers and the NFD, by and through its representative, each acknowledges:

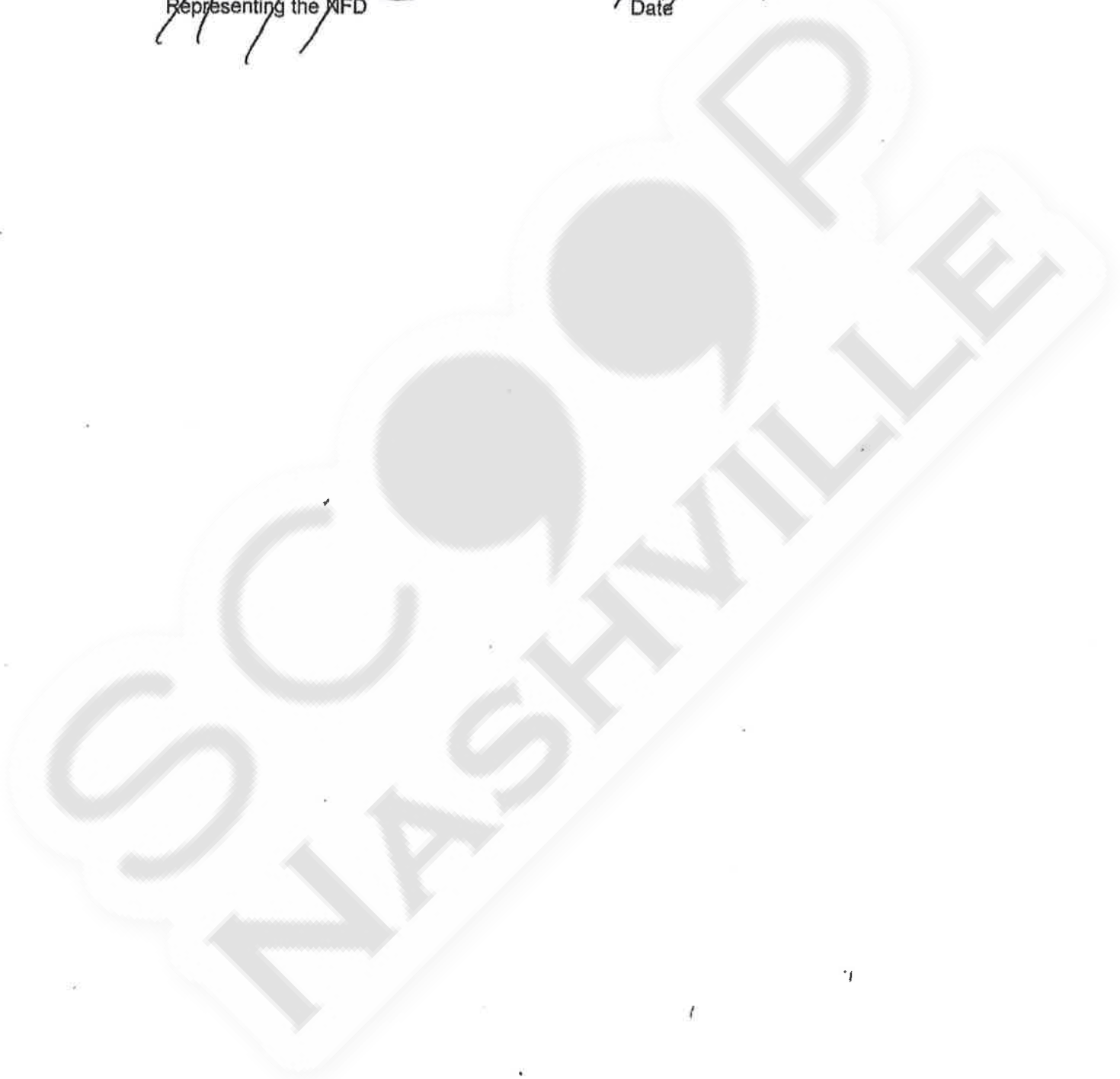
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- 3) that each enters the agreement knowingly, voluntarily, and willingly.

B.P.  
Benjamin Powers

5-14-2019  
Date

[Signature]  
Representing the NFD

05/14/2019  
Date



- Open Applications
- Recent Reports
- Favorites

Employee Information - Employee

Employee No. 621693 POWERS, BENJAMIN S

Employee Tax ID

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Alternate Employee No

Security Business Unit 32195510 FIR USD Fire Operations

Home Fund \* 18301 USD General

Check Route Code 032FIR4-02 FIRE STATION 2

Pay Frequency \* S Semi-Monthly

Pay Status 0 Active

Employee Benefit Status A Active Last Day Worked

Benefit Group P&F-UN Police & Fire Uniformed Cont Svc Date 02/16/2008

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Original Hire Date 02/16/2008 Date Started 02/16/2008

Leave Begin Date 02/04/2019 Leave End Date 02/17/2019

Expected Recall Date Termination Date

Date Pay Starts 02/16/2008 Date Pay Stops

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**Data Protection Standards** **Upon Termination** **Country of E**

Data Protection Code  Move to Applicant Pool Country Code

Data Protection Date

DAVID BRILEY  
MAYOR



621693

**METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY**

WILLIAM SWANN  
DIRECTOR-CHIEF

NASHVILLE FIRE DEPARTMENT  
P.O. BOX 196332  
NASHVILLE, TN 37219-6332  
(615) 862-5421

March 20, 2019

Benjamin Powers  
7004 Lama Terra Court  
Goodlettsville, TN 37072

Mr. Powers,

A disciplinary hearing was held on Thursday March 14, 2019. After reviewing the information presented during your disciplinary hearing, you have been found guilty of the following charges:

- Nashville Fire Department Operational Procedures and Guidelines  
Social Media Policy Section 11.2
- Adherence to Policy & Rules of the Metropolitan Government
  - Civil Service Rule 6.7
    - Conduct Unbecoming an Employee of the Department
    - Any failure of good behavior which reflects discredit upon himself, the department and/or the Metropolitan Government.

Based on the findings, a disciplinary measure of five (5) days suspension is being imposed. You may request to use vacation days in lieu of serving the suspension; however, if you wish to do so, you must let me know in writing. You will be allowed to accrue sick and vacation leave for the month. Be aware that any issues requiring disciplinary action involving you in the future may result in more progressive discipline up to and including termination.

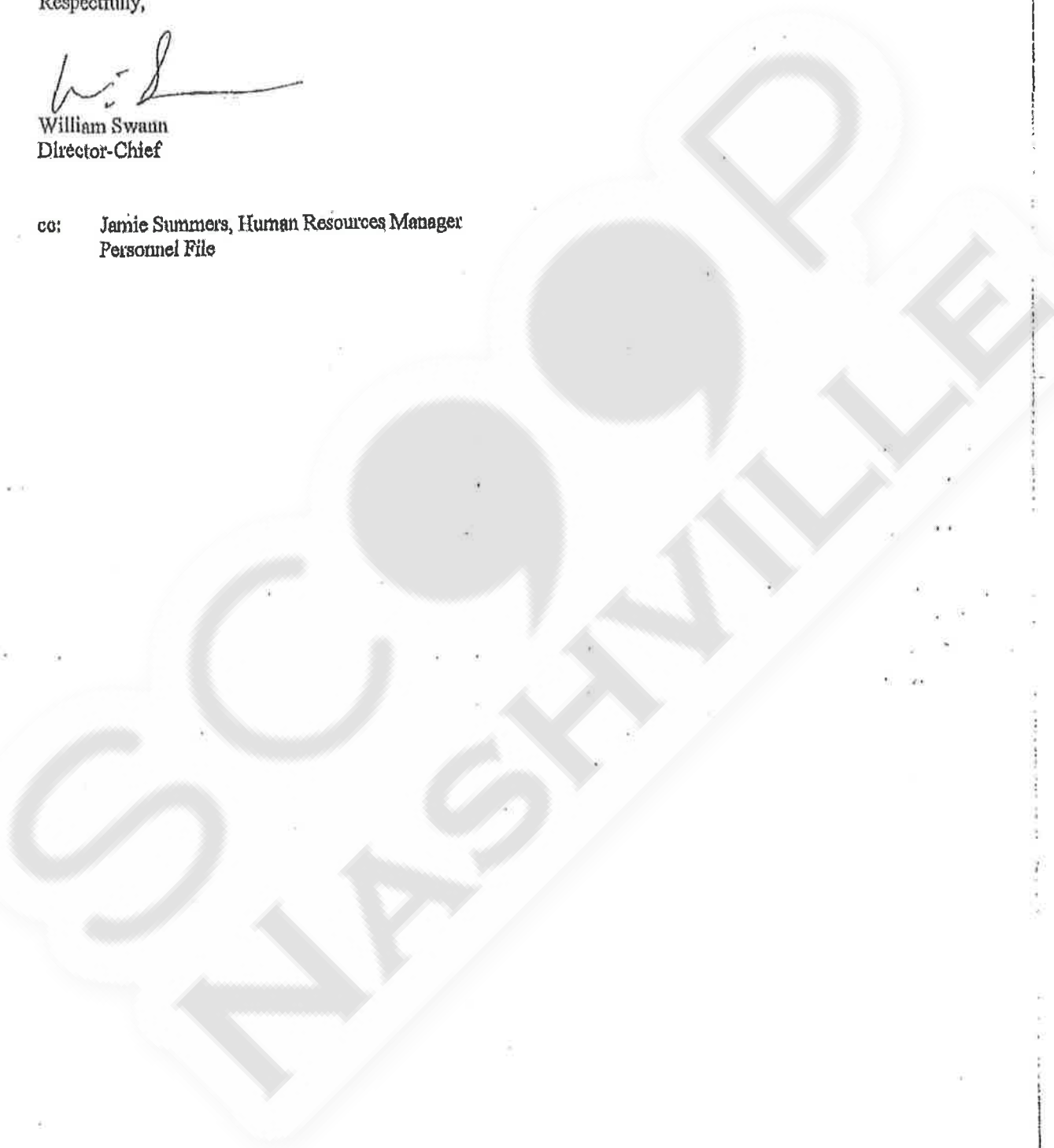
Please note you have 10 calendar days to request a second meeting with the Appointing Authority to provide additional new evidence. Attached is Section 6.6 and 6.8 of the Civil Service Rules. Review the entire document for an understanding of the disciplinary process and your rights to appeal my decision under these rules.

Respectfully,



William Swann  
Director-Chief

cc: Jamie Summers, Human Resources Manager  
Personnel File





## SECTION 6.6 - DUE PROCESS

No suspension, demotion, or dismissal of a Civil Service employee shall become effective until due process is provided for the employee as outlined below:

### Summary

1. Notification of charges in writing
2. Informal Departmental meeting or hearing
3. Notification in Writing of action taken (within 10 calendar days)

### Optional:

4. Option to meet with Department Head to present additional evidence
1. Right to Appeal decision to the Civil Service Commission. The hearing is conducted by an Administrative Law Judge, or Hearing Officer, or the full Commission as provided for in these rules.
6. Review of Order by full Commission

1. **Notification of charges:** The employee shall be notified of the charges against him. Such notification shall detail times, places, and other pertinent facts concerning the charges and should be in writing. The notification will provide for the employee to have a meeting with the Appointing Authority or designee prior to taking disciplinary action. The notification will state the mechanism through which such discussion may be arranged.
2. **Departmental Meeting/Hearing:** The meeting/hearing shall be informal and conducted for the purpose of explaining the department's charges against the employee, and allowing the employee's response. The manager conducting such discussions shall be an Appointing Authority or designee.

**Note:** The employee shall have the right to a representative. The employee shall have the right to present statements, witnesses, or any other information with regard to the charges. Attendance and participation by persons other than the manager, the employee, the employee's representative/s, and witnesses shall be at the discretion of the manager. The employee shall be able to obtain any documents and/or statements made by witnesses regarding the charges before the hearing, unless prohibited by law. If the employee or his representative declines the opportunity to have the meeting / hearing, the provisions of this section will be deemed met.

3. **Notification of action taken:** The employee must be notified in writing of the action taken within ten (10) calendar days, and this notice must also advise the employee that within (10) calendar days, he may request a second meeting with the Appointing Authority to provide additional new evidence.
4. **Department Head meeting (optional):** An employee requesting such a meeting must do so in writing and must specify in the request what additional evidence may be brought forth. If the employee submits the additional evidence in writing, the Appointing Authority shall meet with the employee and/or his representative within ten (10) days of receiving notice or may delegate this responsibility to his second in command, provided such manager did not conduct the original meeting.
5. **Appeal to the Civil Service Commission:** An employee may appeal disciplinary action in accordance with section 8.8C. The notice of disciplinary action shall include a statement notifying the employee of the following appeal requirements.
  - a. The request must be filed within fifteen (15) calendar days of notification of the disciplinary action taken, unless the employee has filed a timely written request with the

Appointing Authority to consider additional evidence. In that event the employee shall have fifteen (15) calendar days after a written response from his department to file an appeal with the Civil Service Commission.

**NOTE:** The Administrative Law Judge or Hearing Officer shall determine as a preliminary matter to the merits of an appeal, an employee's allegation that he or she was denied minimum due process. Procedures may be established within a department for the conduct of the meetings and for meetings at one or more levels within the organization. If more than one level is used this shall be spelled out in a written procedure.



SECTION 6.8 - DISCIPLINARY ACTION APPEAL TO CIVIL SERVICE  
COMMISSION

A. INTRODUCTION

Any employee demoted for cause, suspended, or dismissed from the Civil Service may appeal the action to the Civil Service Commission for a hearing. The proceedings or any part thereof:

- (1) Shall be conducted by a majority of the Commission sitting with an administrative judge or hearing officer;  
or
- (2) Shall be conducted by an administrative judge or hearing officer sitting alone, subject to review by a majority of the Commission.
- (3) Combined Hearings: With the agreement of all parties, an Administrative Law Judge may conduct an appeal of a suspension or temporary demotion jointly with an appeal of dismissal in those cases where the employee has been dismissed prior to the appeal of the suspension or temporary demotion having been heard. Upon agreement of all parties, the appeal of the suspension or temporary demotion may be re-assigned from the Hearing Officer/Commissioner to the Administrative Law Judge. Cases are assigned based on the type and severity of disciplinary action imposed and subject to available funds. Specific guidelines for assigning cases, setting hearing dates, and conducting proceedings are set out in Civil Service Policy 6.8 - 1, Appeal Proceedings. Any provisions in that policy may be suspended where good cause has been shown and upon majority vote by the Civil Service Commission.

In any situation that arises that is not specifically addressed by the policy, reference may be made to the Uniform Administrative Procedures Act Part 3 - Contested Cases T.C.A. 4-5-301, et seq and the Tennessee Rules of Civil Procedure for guidance as to the proper procedure to follow, where appropriate and to whatever extent will best serve the interest of justice and the speedy and inexpensive determination of the matter at hand.

B. TIME

In computing any period of time prescribed or allowed by statute, rule, or order, the date of the act, event or default is not to be included. The last day of the period so computed is to be included unless it is a Saturday, a Sunday, or a legal holiday, in which event the period runs until the end of the next day which is neither a Saturday, a Sunday, or a legal holiday. When the period of time prescribed or allowed is less than seven days, intermediate Saturdays, Sundays, and legal holidays shall be excluded in the computation.

*Except in regard to petitions for review under T.C.A. 4-5-315, 4-5-317, and 4-5-322, or where otherwise prohibited by law, when an act is required or allowed to be done at or within a specified time, the agency or the administrative judge may, at any time, (1) with or without motion or notice order the period enlarged if the request is made before the expiration of the period originally prescribed or as extended by previous order, or (2) upon motion made after the expiration of the specified period, permit the act to be done late, where the failure to act was the result of excusable neglect. Nothing in this section shall be construed to allow any ex-parte communications concerning any issue in the proceedings that would be prohibited by T.C.A. 4-5-304.*



### C. COMMENCEMENT OF CONTESTED CASE PROCEEDINGS

*Commencement of Action* - An appeal of disciplinary action must be commenced by filing Notice of Appeal with the Secretary to the Commission. Said request must be made within 15 calendar days after notification by the Appointing Authority of said action.

*Answer*. Any employee or former employee appealing any disciplinary action taken against him shall with his notice of appeal file an answer or statement setting forth the reason said employee is appealing.

*Notice of Hearing* - In every contested case, except those heard by an Administrative Law Judge from the Office of the Secretary of State, a notice of hearing shall be issued by the Secretary to the Commission. The notice shall comply with T.C.A. 4--5--307 (b). Included with the notice will be a copy of the charge and/or determination letter from the appointing authority setting out the reasons for disciplinary action and a copy of the hearing procedures to be followed. A copy of the notice will be sent to the Department of Law. Notice of hearings set before an ALJ will be issued by the Administrative Procedures Division of the Office of the Secretary of State.

Within 20 calendar days from the receipt of the Notice of Hearing a representative of the Department of Law shall file with the Secretary to the Commission formal Charges and Specifications. The Charges and Specifications shall set out the specific act(s) or event(s) leading to the disciplinary action being taken, and shall set out the specific Civil Service Commission Rules and Regulations, the Charter Provision, Executive or Administrative Order, Department Rule, or Regulation, Ordinance, Law, or other regulation violated.

### D. SERVICE OF NOTICE OF HEARING

A copy of the notice of hearing must be delivered by return receipt mail or served personally on the appellant and/or his designee. No hearing shall be held, unless otherwise specified by statute, until the expiration of 30 days from service of the notice upon all parties.

Since each employee is required to keep the Civil Service Commission informed of his current address, service of notice shall be deemed complete upon placing the notice in the mail to the last known address of such party. However, in the event of a motion for default where there is not indication of actual service on a party, the following circumstances will be taken into account in determining whether to grant the default, in addition to whether service was complete as defined above:

1. Whether any other attempts at actual service were made;
2. Whether and to what extent actual service is practicable in any given case;
3. What attempts were made to get in contact with the party by telephone or otherwise; and
4. Whether the Commission has actual knowledge or reason to know that the party may be located elsewhere than the address to which the notice was mailed.

### E. REPRESENTATION

1. Any party may participate in the hearing in person or, if the party is an agency of Metropolitan Government, by a duly licensed attorney.
2. Whether or not participating in person, any party may be advised and represented at the party's own expense by a licensed attorney.

3. Attorney General's Opinion #97-164, as adopted by the Civil Service Commission on March 10, 1998, provides that a duly licensed attorney must represent all parties, who wish to have representation in hearings before the commission. All parties in a contested case hearing shall be notified of their right to be represented by counsel. An appearance by a party at a hearing without counsel may be deemed a waiver of the right to counsel.

SCC  
NASHVILLE



621693

Employee Information - Employee

Employee No.	621693			POWERS, BENJAMIN S
Employee Tax ID				
Alternate Employee No				
Security Business Unit	32195510	FIR USD Fire Operations		
Home Fund *	18301	USD General		
Check Route Code	032FJR4-02	FIRE STATION 2		
Pay Frequency *	S	Semi-Monthly		
Pay Status	0	Active		
Employee Benefit Status	A	Active		Last Day Worked
Benefit Group	P&F-UN	Police & Fire Uniformed	Cont Svc Date	02/16/2008
Original Hire Date	02/16/2008	Date Started	02/16/2008	
Leave Begin Date	04/01/2019	Leave End Date	04/07/2019	
Expected Recall Date				
Termination Date				
Date Pay Starts	02/16/2008	Date Pay Stops		
Data Protection Standards	Upon Termination		Country of Employment	
Data Protection Code	<input type="checkbox"/> Move to Applicant Pool		Country Code	US <i>United</i>
Data Protection Date				

Suspension  
effective 4/1/2019

**Smith, Michele (NFD-ADM)**

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**From:** Smith, Michele (NFD-ADM)  
**Sent:** Wednesday, April 3, 2019 7:28 AM  
**To:** Powers, Benjamin (NFD)  
**Cc:** Goins, Angie (NFD-ADM)  
**Subject:** FW: 5 days

Per your disciplinary action letter dated March 20, 2019, you received a disciplinary action of five (5) days suspension. Chief Manning has approved for you to forfeit five (5) vacation days in lieu of five (5) days suspension. Five (5) vacation days have been adjusted from your accrued leave in TeleStaff.

If you have any questions, please let me know.

Michele

*Michele P Smith*

Michele P Smith  
Administrative Services Officer IV  
Nashville Fire Department  
P O Box 196332  
Nashville, TN 37219-6332

615-862-5427 Office  
615-214-3627 Fax

---

**From:** Manning Sr, Lenny  
**Sent:** Monday, April 1, 2019 1:37 PM  
**To:** Summers, Jamie (NFD-ADM); Smith, Michele (NFD-ADM); Natall, Jalme (NFD)  
**Cc:** Tomlinson, Jerry (NFD)  
**Subject:** FW: 5 days

I am good with this.

---

**From:** Powers, Benjamin (NFD)  
**Sent:** Monday, April 01, 2019 11:48 AM  
**To:** Manning Sr, Lenny  
**Cc:** Hunt, Patrick (NFD); Monast, Maurice (NFD)  
**Subject:** 5 days

Commander Manning,

I would like to use 5 vacation days taken from my accrued leave.

Thank you

Benjamin S Powers emp # 621693

**MISC. EBS ENTRY**

LEAVE

SUSPENSION/MILITARY LEAVE/FMLA/SHORT-TERM DISABILITY/LWOP

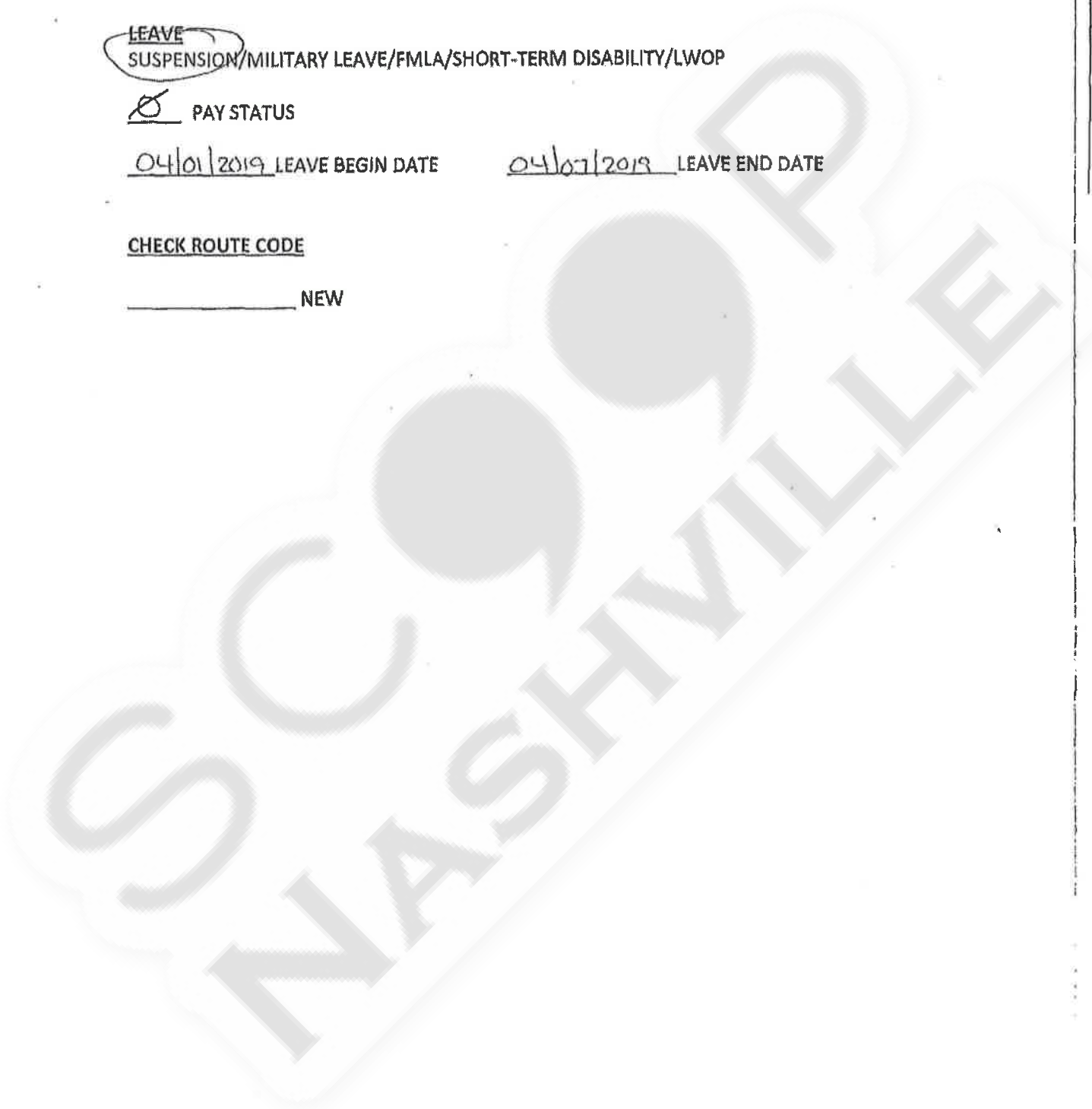
PAY STATUS

04/01/2019 LEAVE BEGIN DATE

04/07/2019 LEAVE END DATE

CHECK ROUTE CODE

\_\_\_\_\_ NEW



**Smith, Michele (NFD-ADM)**

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**From:** Summers, Jamle (NFD-ADM)  
**Sent:** Friday, March 22, 2019 9:27 AM  
**To:** Smith, Michele (NFD-ADM)  
**Cc:** Natali, Jaime (NFD); Manning Sr, Lenny; Goins, Angie (NFD-ADM); Boatman, Cissy (NFD); Tomlinson, Jerry (NFD)  
**Subject:** Powers Suspension  
**Attachments:** Ben Powers - Sanction letter.pdf

For your records.

Michele, please get with Chlef Manning/Tomlinson and find out how they are going to use his days.

Jamle Summers  
Human Resources Manager  
Nashville Fire Department  
615-862-5242  
fax: 615-214-3242



**Boatman, Cissy (NFD)**

---

**From:** Goins, Angie (NFD-ADM)  
**Sent:** Monday, April 1, 2019 2:01 PM  
**To:** Summers, Jamie (NFD-ADM); Boatman, Cissy (NFD)  
**Subject:** RE: 5 days

Thanks

621693

---

**From:** Summers, Jamie (NFD-ADM) <[Jamie.Summers@nashville.gov](mailto:Jamie.Summers@nashville.gov)>  
**Sent:** Monday, April 1, 2019 1:55 PM  
**To:** Boatman, Cissy (NFD) <[Cissy.Boatman@nashville.gov](mailto:Cissy.Boatman@nashville.gov)>  
**Cc:** Goins, Angie (NFD-ADM) <[Angie.Goins@nashville.gov](mailto:Angie.Goins@nashville.gov)>  
**Subject:** FW: 5 days

Please add to the file.

Jamie Summers  
Human Resources Manager  
Nashville Fire Department  
615-862-5242  
fax: 615-214-3242



---

**From:** Manning Sr, Lenny  
**Sent:** Monday, April 1, 2019 1:37 PM  
**To:** Summers, Jamie (NFD-ADM); Smith, Michele (NFD-ADM); Natali, Jaime (NFD)  
**Cc:** Tomlinson, Jerry (NFD)  
**Subject:** FW: 5 days

I am good with this.

---

**From:** Powers, Benjamin (NFD)  
**Sent:** Monday, April 01, 2019 11:48 AM  
**To:** Manning Sr, Lenny  
**Cc:** Hunt, Patrick (NFD); Monast, Maurice (NFD)  
**Subject:** 5 days

Commander Manning,

I would like to use 5 vacation days taken from my accrued leave.

Thank you

Benjamin Powers



DAVID BRILEY  
MAYOR



**METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY**

WILLIAM SWANN  
DIRECTOR-CHIEF

NASHVILLE FIRE DEPARTMENT  
P.O. BOX 196332  
NASHVILLE, TN 37219-6332  
(615) 862-5421

621693

March 20, 2019

Benjamin Powers  
7004 Lama Terra Court  
Goodlettsville, TN 37072

Mr. Powers,

A disciplinary hearing was held on Thursday March 14, 2019. After reviewing the information presented during your disciplinary hearing, you have been found guilty of the following charges:

- Nashville Fire Department Operational Procedures and Guidelines  
Social Media Policy Section 11.2
- Adherence to Policy & Rules of the Metropolitan Government
  - Civil Service Rule 6.7
    - Conduct Unbecoming an Employee of the Department
    - Any failure of good behavior which reflects discredit upon himself, the department and/or the Metropolitan Government.

Based on the findings, a disciplinary measure of five (5) days suspension is being imposed. You may request to use vacation days in lieu of serving the suspension; however, if you wish to do so, you must let me know in writing. You will be allowed to accrue sick and vacation leave for the month. Be aware that any issues requiring disciplinary action involving you in the future may result in more progressive discipline up to and including termination.

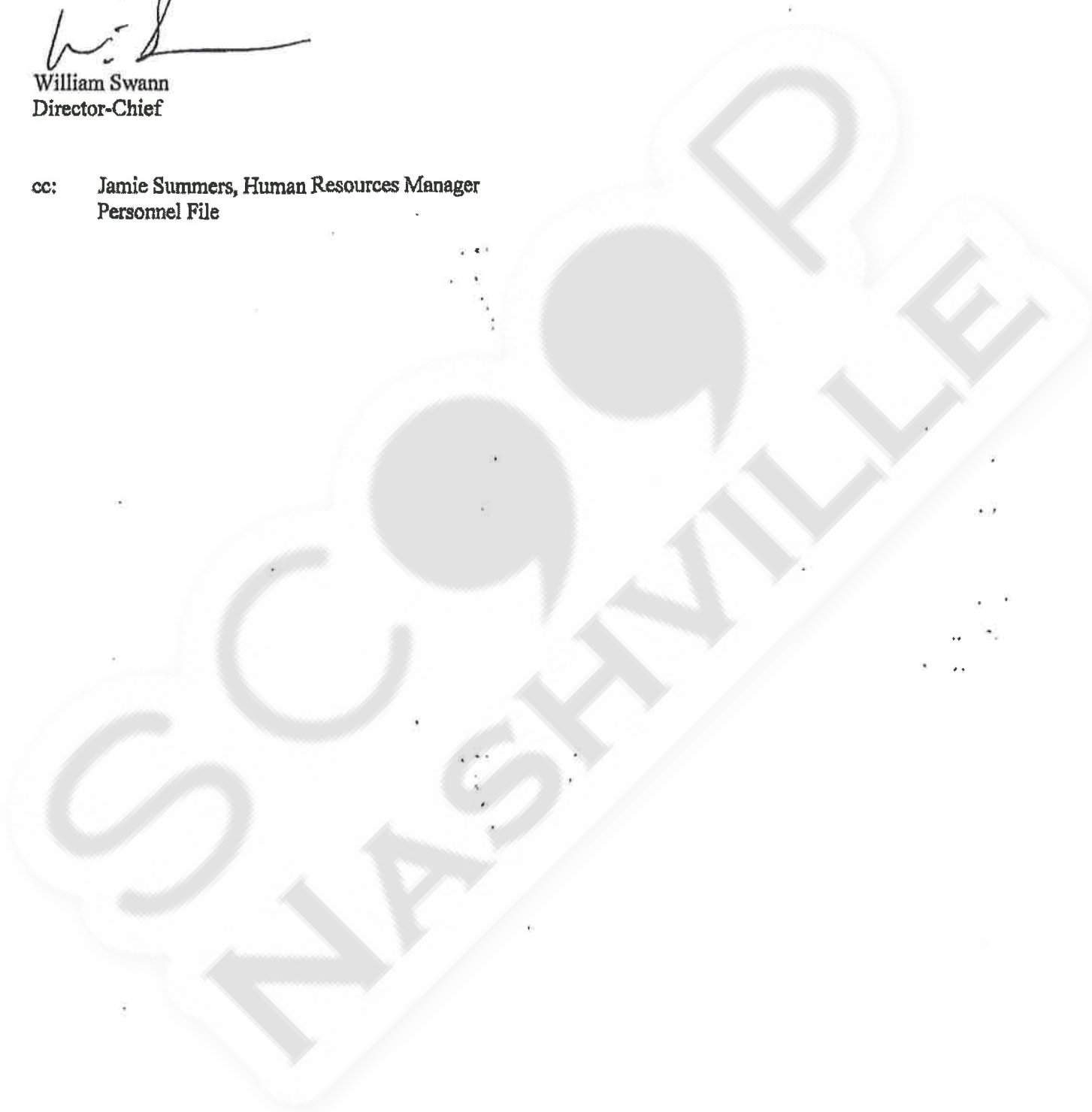
Please note you have 10 calendar days to request a second meeting with the Appointing Authority to provide additional new evidence. Attached is Section 6.6 and 6.8 of the Civil Service Rules. Review the entire document for an understanding of the disciplinary process and your rights to appeal my decision under these rules.

Respectfully,



William Swann  
Director-Chief

cc: Jamie Summers, Human Resources Manager  
Personnel File



## SECTION 6.6 - DUE PROCESS

No suspension, demotion, or dismissal of a Civil Service employee shall become effective until due process is provided for the employee as outlined below:

### Summary

1. Notification of charges in writing
2. Informal Departmental meeting or hearing
3. Notification in Writing of action taken (within 10 calendar days)

### Optional:

4. Option to meet with Department Head to present additional evidence
1. Right to Appeal decision to the Civil Service Commission. The hearing is conducted by an Administrative Law Judge, or Hearing Officer, or the full Commission as provided for in these rules.
6. Review of Order by full Commission

1. **Notification of charges:** The employee shall be notified of the charges against him. Such notification shall detail times, places, and other pertinent facts concerning the charges and should be in writing. The notification will provide for the employee to have a meeting with the Appointing Authority or designee prior to taking disciplinary action. The notification will state the mechanism through which such discussion may be arranged.
2. **Departmental Meeting/Hearing:** The meeting/hearing shall be informal and conducted for the purpose of explaining the department's charges against the employee, and allowing the employee's response. The manager conducting such discussions shall be an Appointing Authority or designee.

**Note:** The employee shall have the right to a representative. The employee shall have the right to present statements, witnesses, or any other information with regard to the charges. Attendance and participation by persons other than the manager, the employee, the employee's representative/s, and witnesses shall be at the discretion of the manager. The employee shall be able to obtain any documents and/or statements made by witnesses regarding the charges before the hearing, unless prohibited by law. If the employee or his representative declines the opportunity to have the meeting / hearing, the provisions of this section will be deemed met.

3. **Notification of action taken:** The employee must be notified in writing of the action taken within ten (10) calendar days, and this notice must also advise the employee that within (10) calendar days, he may request a second meeting with the Appointing Authority to provide additional new evidence.
4. **Department Head meeting (optional):** An employee requesting such a meeting must do so in writing and must specify in the request what additional evidence may be brought forth. If the employee submits the additional evidence in writing, the Appointing Authority shall meet with the employee and/or his representative within ten (10) days of receiving notice or may delegate this responsibility to his second in command, provided such manager did not conduct the original meeting.
5. **Appeal to the Civil Service Commission:** An employee may appeal disciplinary action in accordance with section 6.8C. The notice of disciplinary action shall include a statement notifying the employee of the following appeal requirements.
  - a. The request must be filed within fifteen (15) calendar days of notification of the disciplinary action taken, unless the employee has filed a timely written request with the

Appointing Authority to consider additional evidence. In that event the employee shall have fifteen (15) calendar days after a written response from his department to file an appeal with the Civil Service Commission.

**NOTE:** The Administrative Law Judge or Hearing Officer shall determine as a preliminary matter to the merits of an appeal, an employee's allegation that he or she was denied minimum due process. Procedures may be established within a department for the conduct of the meetings and for meetings at one or more levels within the organization. If more than one level is used this shall be spelled out in a written procedure.





**SECTION 6.8 - DISCIPLINARY ACTION APPEAL TO CIVIL SERVICE COMMISSION**

**A. INTRODUCTION**

Any employee demoted for cause, suspended, or dismissed from the Civil Service may appeal the action to the Civil Service Commission for a hearing. The proceedings or any part thereof:

- (1) Shall be conducted by a majority of the Commission sitting with an administrative judge or hearing officer; or
- (2) Shall be conducted by an administrative judge or hearing officer sitting alone, subject to review by a majority of the Commission.
- (3) **Combined Hearings:** With the agreement of all parties, an Administrative Law Judge may conduct an appeal of a suspension or temporary demotion jointly with an appeal of dismissal in those cases where the employee has been dismissed prior to the appeal of the suspension or temporary demotion having been heard. Upon agreement of all parties, the appeal of the suspension or temporary demotion may be re-assigned from the Hearing Officer/Commissioner to the Administrative Law Judge. Cases are assigned based on the type and severity of disciplinary action imposed and subject to available funds. Specific guidelines for assigning cases, setting hearing dates, and conducting proceedings are set out in Civil Service Policy 6.8 - 1, Appeal Proceedings. Any provisions in that policy may be suspended where good cause has been shown and upon majority vote by the Civil Service Commission.

In any situation that arises that is not specifically addressed by the policy, reference may be made to the Uniform Administrative Procedures Act Part 3 - Contested Cases T.C.A. 4-5-301, et seq and the Tennessee Rules of Civil Procedure for guidance as to the proper procedure to follow, where appropriate and to whatever extent will best serve the interest of justice and the speedy and inexpensive determination of the matter at hand.

**B. TIME**

In computing any period of time prescribed or allowed by statute, rule, or order, the date of the act, event or default is not to be included. The last day of the period so computed is to be included unless it is a Saturday, a Sunday, or a legal holiday, in which event the period runs until the end of the next day which is neither a Saturday, a Sunday, or a legal holiday. When the period of time prescribed or allowed is less than seven days, intermediate Saturdays, Sundays, and legal holidays shall be excluded in the computation.

*Except in regard to petitions for review under T.C.A. 4-5-315, 4-5-317, and 4-5-322, or where otherwise prohibited by law, when an act is required or allowed to be done at or within a specified time, the agency or the administrative judge may, at any time, (1) with or without motion or notice order the period enlarged if the request is made before the expiration of the period originally prescribed or as extended by previous order; or (2) upon motion made after the expiration of the specified period, permit the act to be done late, where the failure to act was the result of excusable neglect. Nothing in this section shall be construed to allow any ex-parte communications concerning any issue in the proceedings that would be prohibited by T.C.A. 4-5-304.*



### **C. COMMENCEMENT OF CONTESTED CASE PROCEEDINGS**

Commencement of Action - An appeal of disciplinary action must be commenced by filing Notice of Appeal with the Secretary to the Commission. Said request must be made within 15 calendar days after notification by the Appointing Authority of said action.

Answer. Any employee or former employee appealing any disciplinary action taken against him shall with his notice of appeal file an answer or statement setting forth the reason said employee is appealing.

Notice of Hearing - In every contested case, except those heard by an Administrative Law Judge from the Office of the Secretary of State, a notice of hearing shall be issued by the Secretary to the Commission. The notice shall comply with T.C.A. 4--5--307 (b). Included with the notice will be a copy of the charge and/or determination letter from the appointing authority setting out the reasons for disciplinary action and a copy of the hearing procedures to be followed. A copy of the notice will be sent to the Department of Law. Notice of hearings set before an ALJ will be issued by the Administrative Procedures Division of the Office of the Secretary of State.

Within 20 calendar days from the receipt of the Notice of Hearing a representative of the Department of Law shall file with the Secretary to the Commission formal Charges and Specifications. The Charges and Specifications shall set out the specific act(s) or event(s) leading to the disciplinary action being taken, and shall set out the specific Civil Service Commission Rules and Regulations, the Charter Provision, Executive or Administrative Order, Department Rule, or Regulation, Ordinance, Law, or other regulation violated.

### **D. SERVICE OF NOTICE OF HEARING**

A copy of the notice of hearing must be delivered by return receipt mail or served personally on the appellant and/or his designee. No hearing shall be held, unless otherwise specified by statute, until the expiration of 30 days from service of the notice upon all parties.

Since each employee is required to keep the Civil Service Commission informed of his current address, service of notice shall be deemed complete upon placing the notice in the mail to the last known address of such party. However, in the event of a motion for default where there is not indication of actual service on a party, the following circumstances will be taken into account in determining whether to grant the default, in addition to whether service was complete as defined above:

1. Whether any other attempts at actual service were made;
2. Whether and to what extent actual service is practicable in any given case;
3. What attempts were made to get in contact with the party by telephone or otherwise; and
4. Whether the Commission has actual knowledge or reason to know that the party may be located elsewhere than the address to which the notice was mailed.

### **E. REPRESENTATION**

1. Any party may participate in the hearing in person or, if the party is an agency of Metropolitan Government, by a duly licensed attorney.
2. Whether or not participating in person, any party may be advised and represented at the party's own expense by a licensed attorney.

3. Attorney General's Opinion #97-164, as adopted by the Civil Service Commission on March 10, 1998, provides that a duly licensed attorney must represent all parties, who wish to have representation in hearings before the commission. All parties in a contested case hearing shall be notified of their right to be represented by counsel. An appearance by a party at a hearing without counsel may be deemed a waiver of the right to counsel.

SCC  
NASHVILLE



# Seth Powers

I fuck bitches 🍷



Add Friend



Message



More



Works at **Nashville Fire Department**



Lives in **Goodlettsville, Tennessee**



From **Goodlettsville Tennessee**

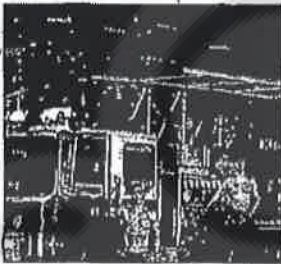
- All tours includes a professional driver (local firefighter)
  - All tours include a bartender
  - We provide ice, cups and a cooler
  - All tours are BYOB (Bring Your Own Beverage)
  - NO GLASS ALLOWED
  - Tour Length: Approximately 2 hours
  - Ask about our Military and First Responder discount
- All tours include a bartender
  - We provide ice, cups and a cooler
  - All tours are BYOB (Bring Your Own Beverage)
  - NO GLASS ALLOWED
  - Tour Length: Approximately 2 hours
  - Ask about our Military and First Responder discount

**BOOK NOW**

**BOOK NOW**

---

## GALLERY



PREVIOUS



NEXT

---

## HOURS OF OPERATION

EVERYDAY

11AM TO 11PM





Seth Powers

Add Friend

Message

Timeline About Friends Photos More

DO YOU KNOW SETH?

To see what he shares with friends, send him a friend request

Add Friend

Intro

I fuck bitches for a living



Seth Powers updated his bio.  
February 10 at 1:01 AM

I fuck bitches for a living

Photos

Friends



Seth Powers updated his profile picture.  
February 9 at 6:13 PM

English (UK) Español · Português (Brasil)  
Français (France) · Deutsch

Timeline · Likes · Advertising · Ad Choices · Privacy · Terms

Facebook © 2010

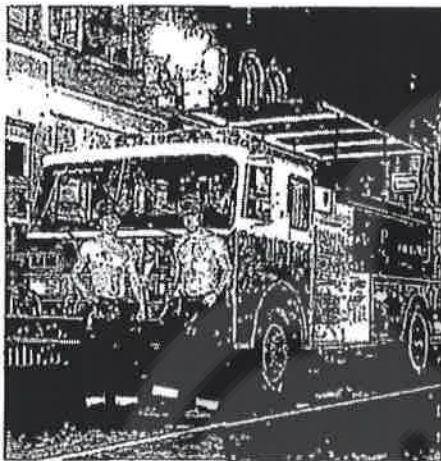


Chat





Music City Party Fire Engine (MCPFE) is the original Party Fire Engine in Nashville! We are proud of the fact that we are owned and operated by a local firefighter that was born and raised in Nashville. The owner has watched the city grow over the years and wanted to share his rare view of the downtown scene from a fire engine perspective. Now locals and visitors alike can experience this exclusive fun way to tour, celebrate, and enjoy our unique downtown atmosphere. Be warned, this is *no ordinary Fire Engine, this is a Party Fire Engine*, with an emphasis on "PARTY"! Our one-of-a-kind Fire Engine is decked out with a massive professional sound and lighting system to get your party started and keep it going while on the Nashville scene. So if you are planning a bachelor or bachelorette party, birthday party, ultimate night out on the town or any other kind of party or celebration, Music City Party Fire Engine is your "Code 3" response to fun.



### WHAT WE OFFER

We offer a once-in-a-lifetime experience!

Your private group of up to 13 people will tour one of the hottest cities in the world, on the hottest ride in town! All tours include a professional driver (typically firefighters) and a host/hostess (bartender). Tours are BYOB, so bring your favorite beverages (Per City Regulations NO GLASS ALLOWED and no visible beer cans). We provide a cooler, ice and cups. Our bartender will mix your drinks at our custom bar. We also have a killer sound system able to play your playlist or ours. (NO EXPLICIT CONTENT PLEASE). All tours are approximately two hours long.

We are excited to announce Party Engine number two is on the way!

Check back for more dates to open!

### BOOK NOW INFORMATION

Monday-Thursday  
\$475

Friday-Sunday  
\$495

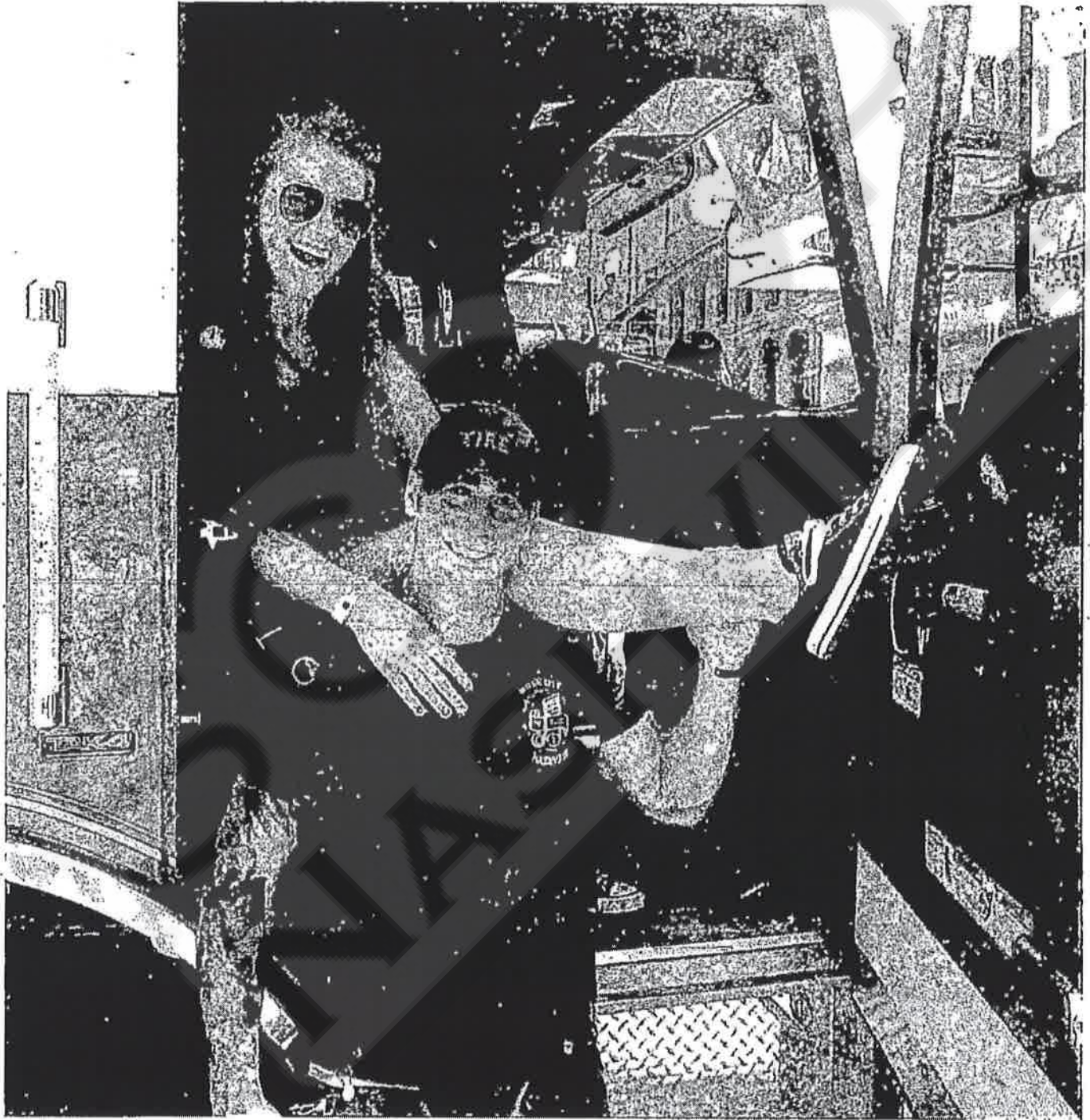
- Private Tour for up to 13 people
- Killer sound and light system for the ultimate experience
- Private Tour for up to 13 people
- Killer sound and light system for the ultimate experience

18 HOURS AGO

S.J.L.

hundopowers

...





DAVID BRILEY  
MAYOR



**METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY**

WILLIAM SWANN  
DIRECTOR-CHIEF

NASHVILLE FIRE DEPARTMENT  
P.O. Box 196332  
NASHVILLE, TN 37219-6332  
(615) 862-5421

March 11, 2019

Benjamin Powers  
7004 Lama Terra Court  
Goodlettsville, TN 37072

Mr. Powers,

On September 18, 2018, the Nashville Fire Department became aware of a post made to your Instagram social media account with a picture of you on-duty and in uniform posed with girl on a NFD fire apparatus with her leg on your shoulder. At that time you brought in by Chief Manning and counseled on your use of social media and the public perception of such post. On January 16<sup>th</sup>, 2019 you were identified as the person in a photo on Facebook, advertising a "party Fire Engine" business wearing your department issued turn out gear pants and helmet. When researching that situation, it was also discovered that you had a Facebook account with a picture of you in uniform. Images on this account clearly identify you as working for the Nashville Fire Department and included an offensive statement. When questioned by Chief Manning, you stated that it was not your account and your brother was trying to get it taken down. On February 10, 2019, another Facebook page was found: again you were in NFD attire and an offensive statement was listed. When questioned a second time, you gave no indication of why you failed to inform someone in your chain of Command of these Facebook pages. These posts were inappropriate and offensive to members of the public and your co-workers. (see attached documentation).

Based on this information, you are alleged to have violated the following rules:

- Nashville Fire Department Operational Procedures and Guidelines  
Social Media Policy Section 11.2
- Adherence to Policy & Rules of the Metropolitan Government
  - Civil Service Rule 6.7
  - Conduct Unbecoming an Employee of the Department
  - Any failure of good behavior which reflects discredit upon himself, the department and/or the Metropolitan Government.
- Violation of any written rules, policies or procedures of the department in which the employee is employed.
- Metropolitan Government of Nashville & Davidson County Information Security Policy- Acceptable Use Of Information Technology Assets Policy

A disciplinary meeting is scheduled for Thursday March 14 at 1:00 p.m. in the Gold conference room located at Nashville Fire headquarters. The purpose of this meeting is to allow you or your representative to present your account of the events and review the information regarding this incident. The meeting is informal. You may present statements, witnesses, or any other information in regard to the charges. Attendance and participation by persons other than the panel members, you, your representative, and witnesses shall be at the discretion of the panel chairperson. You can obtain any documents and/or statements made by witnesses regarding the charges prior to the meeting, unless prohibited by law.

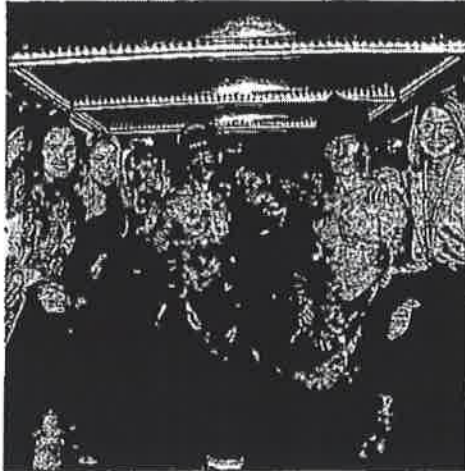
If you wish to waive your right to this meeting, you must notify Jamie Summers of the Nashville Fire Human Resources Division (615-862-5242) prior to the meeting and no later than Tuesday March 12, 2019. A decision will be made within ten (10) calendar days after the meeting or after receiving notification of your request to waive the meeting.

Sincerely, *Lenny Manning Sr.*

Lenny Manning  
Fire Deputy Director - Operations

cc: Jamie Summers, Human Resources Manager  
Personnel File

2



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Friday-Sunday  
\$495

- Private Tour for up to 13 people
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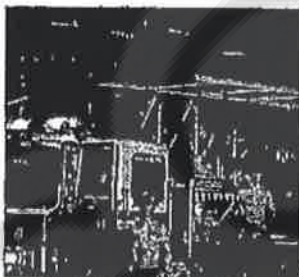
3

- All tours includes a professional driver (local firefighter)
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- We provide ice, cups and a cooler
- All tours are BYOB (Bring Your Own Beverage)
- NO GLASS ALLOWED
- Tour Length: Approximately 2 hours
- Ask about our Military and First Responder discount

**BOOK NOW**

**BOOK NOW**

## GALLERY



PREVIOUS

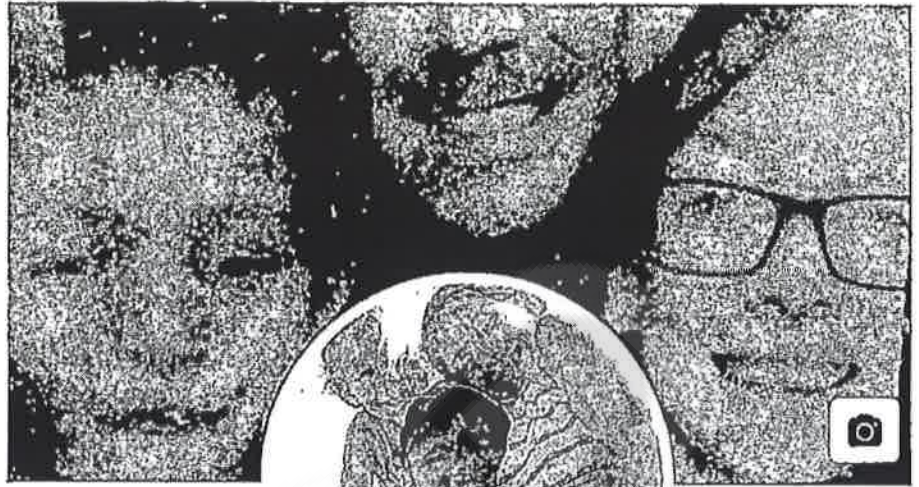


NEXT

## HOURS OF OPERATION

**EVERYDAY**

**11AM TO 11PM**



**Seth Powers**



Add a short bio to tell people more about yourself.

+ Add Bio



Add to Story



Edit Profile



Activity Log



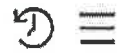
More



Went to **East Knox High School**

1/1

justaguyhundo



213 posts

1,861 Followers

996 Following

Edit Profile

Nashville  
Drill Sgt  
View more



New



gymisshh



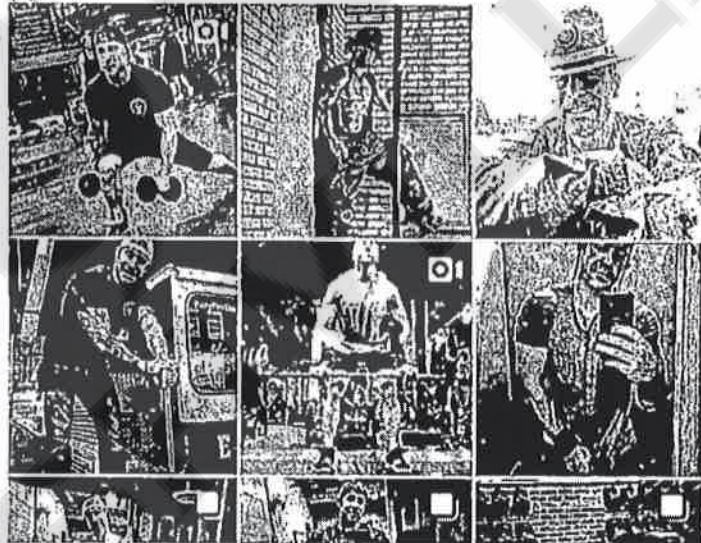
TSHIRTSII



ARMY STUFF



FIRE DEPT S...



← sethpowers6



2 posts

1 followers

5 following

Follow

Seth Powers



SSC NASHVILLE





7

# Seth Powers

My wife left me!!



Add Friend



Message



More



Works at Nashville Fire Department



Lives in Goodlettsville, Tennessee



Divorced



Joined January 2019





# Seth Powers

I fuck bitches 



Add Friend



Message



More



Works at **Nashville Fire Department**



Lives in **Goodlettsville, Tennessee**



From **Goodlettsville Tennessee**

9



**Seth Powers**

Add Friend Message

Timeline About Friends Photos More

DO YOU KNOW SETH?

To see what he shares with friends, send him a friend request.

Add Friend

**Intro**

I fuck bitches for a living

Seth Powers updated his bio.  
February 10 at 1:01 AM

I fuck bitches for a living

Photos

Friends

Seth Powers updated his profile picture.  
February 9 at 5:13 PM

English (US) • Español • Português (Brasil) • Français (France) • Deutsch

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Facebook © 2019



Chat

Time Feb 3, 2019, 11:05 AM  
IP Address 2600:1:c320:94f2:3cdf:f742:1636:a2f8  
Site www.facebook.com

### Login

Time Jan 31, 2019, 1:30 AM  
IP Address 2600:1702:2bd0:27a0:e4c5:d6d5:d1fd:ae49  
Site www.facebook.com

### Log Out

Time Jan 16, 2019, 6:51 AM  
IP Address 14.141.97.177  
Site www.facebook.com

### Login

Time Dec 13, 2018, 4:56 PM  
IP Address 2600:1:c301:afd8:e907:c45d:c83e:217  
Site www.facebook.com

### Login

Time Sep 23, 2018, 2:40 AM  
IP Address 2601:481:c201:e428:cc9b:64b6:b0d9:9fdd  
Site www.facebook.com

### Login

Time Jul 12, 2018, 3:32 AM  
IP Address 2600:1:c32a:3d3f:787d:32b4:37d:bfa3  
Site www.facebook.com



**Seth Powers** logged in on [www.facebook.com](http://www.facebook.com).

IP Address

2600:1702:2bd0:27a0:e4c5:d6d5:d1fd:ae49

• Hidden from Timeline

January 16, 2019



**Seth Powers** logged out of [www.facebook.com](http://www.facebook.com).

IP Address 14.141.97.177

• Hidden from Timeline

December 13, 2018



**Seth Powers** logged in on [www.facebook.com](http://www.facebook.com).

IP Address 2600:1:c301:afd8:e907:c45d:c83e:217

• Hidden from Timeline

September 23, 2018



**Seth Powers** logged in on [www.facebook.com](http://www.facebook.com).

IP Address 2601:481:c201:e428:cc9b:

64b6:b0d9:9fdd

• Hidden from Timeline

July 12, 2018



**Seth Powers** logged in on [www.facebook.com](http://www.facebook.com).



ACTIVITY



Facebook Help Team

Tuesday, January 15, 2019 at 7:16 PM

Hi Seth,

We'll let you know when we've reviewed the profile you reported for pretending to be someone they're not. If it goes against one of our Community Standards, we'll remove it or follow up with the profile owner directly.

Thanks,  
The Facebook Team



Wednesday, January 16, 2019 at 7:40 PM

Hi Seth,

Thanks for letting us know about the profile you reported for pretending to be someone they're not.

We removed the profile because it goes against our Community Standards for Identity and privacy. We let the person who owns the profile know that it has been removed, but not who reported it.

Thanks,  
The Facebook Team

Thanks,

Jeremy





Facebook Help Team

Wednesday, January 16, 2019 at 6:51 AM

Hi Seth,

It looks the account with name Seth Powers has been disabled for pretending to be someone else, which goes against our Community Standards.

We understand that you may not be familiar with our Community Standards, so we encourage you to learn more:

<https://www.facebook.com/communitystandards#using-your-authentic-identity>

If you think we made a mistake, please reply to this message with an ID or other documents that contain your photo, name and date of birth.

You can learn more about the types of IDs and documents we can use to confirm your identity in the Help Center:

<https://www.facebook.com/help/159096464162185/?ref=cr>

When you send us a copy of your ID, we'll keep it for more than 30 days, but no more than one year, unless you opt out. This helps us improve our automated systems for detecting fake IDs and related abuse. Your ID will not be visible on Facebook.

To learn more about what happens to your ID when you send it to Facebook, visit the Help Center:

If you turn this option off, the copy of your ID will be deleted within 30 days of submission or when you turned this option off.

Thanks,  
The Facebook Team

Thanks,  
Arnold




**Your reply**

Wednesday, January 16, 2019 at 4:24 PM

Benjamin seth powers

**Attachments**

 20181129\_194458.jpg



Wednesday, January 16, 2019 at 5:02 PM

Hi Seth,

Thanks for sending us something from our ID list. Unfortunately, we can't see enough information to confirm your identity. This may be because the photo or scan that you sent us:

- Was too blurry to read, the info
- Was too dark or wasn't taken in a well-lit room
- Was missing the required info or had the required info covered up

The info we need to see is:

- Your name
- Your photo

15  
If you'd like to learn more about the types of things that we can use to confirm your Identity, please visit the Help Center:

<https://www.facebook.com/help/159096464162185/?ref=cr>

Once we confirm your Identity we'll help you move forward. Thanks for working with us to sort this out.

Thanks,

Crizza Myer

---

Your reply

Wednesday, January 30, 2019 at 10:38 PM

**Attachments**

 20190130\_223819.jpg



Wednesday, January 30, 2019 at 11:08 PM

Hi Seth,

It looks like your account was disabled by mistake. We're sorry for the inconvenience. You should now be able to log in.

If you have any issues getting back into your account, please let us know by responding to this message.

Your reply

Thursday, February 21, 2019 at 2:35 PM

Thank you for getting my account back. Before I lost access to my account I had reported a couple fake profiles that someone had made of me. Thankfully they have been taken down, but since that person had put my job. Nashville fire department on the fake profiles. My work is trying to give me disciplinary action for something I did not create. Is there any documentation or proof that you can provide to show that the accounts were not part of this profile and not my actions



Thursday, February 21, 2019 at 2:47 PM

Hi Seth,

Thanks for contacting us. It looks like the Facebook account that you're trying to get into hasn't been disabled. If you're having trouble logging into your Facebook account, you can try:

- Resetting your password
- Logging in with your username or phone number
- Logging in with another email account

If you're still having trouble, please visit the Help Center for more troubleshooting tips:

<https://www.facebook.com/help/283100488694834/?ref=cr>

Thanks

**Your reply**

Thursday, February 21, 2019 at 2:58 PM

No this account was previously disabled. Before it got disabled I reported 2 other fake accounts. Is there any documentation or proof u can send me that shows this is my only fb profile and the ones I reported were fake. For my jobs sake



Thursday, February 21, 2019 at 4:17 PM

Hi Seth,

Thanks for contacting us. It looks like the Facebook account that you're trying to get into hasn't been disabled. If you're having trouble logging into your Facebook account, you can try:

- Resetting your password
- Logging In with your username or phone number
- Logging In with another email account

If you're still having trouble, please visit the Help Center for more troubleshooting tips:

<https://www.facebook.com/help/283100488694834/?ref=cr>

Thanks,

Crizza Myer



- Logging in with another email account

If you're still having trouble, please visit the Help Center for more troubleshooting tips:

<https://www.facebook.com/help/283100488694834/?ref=cr>

17

Thanks,

Crizza Myer



**Your reply**

Thursday, February 21, 2019 at 4:48 PM

Seriously? Are u even reading my responses?



**Your reply**

Today at 2:46 AM

Hello I need assistance



**Your response**

Write your reply here...

Choose File No file chosen

**Account reactivated**

Time:Jan 30, 2019, 11:08 PM

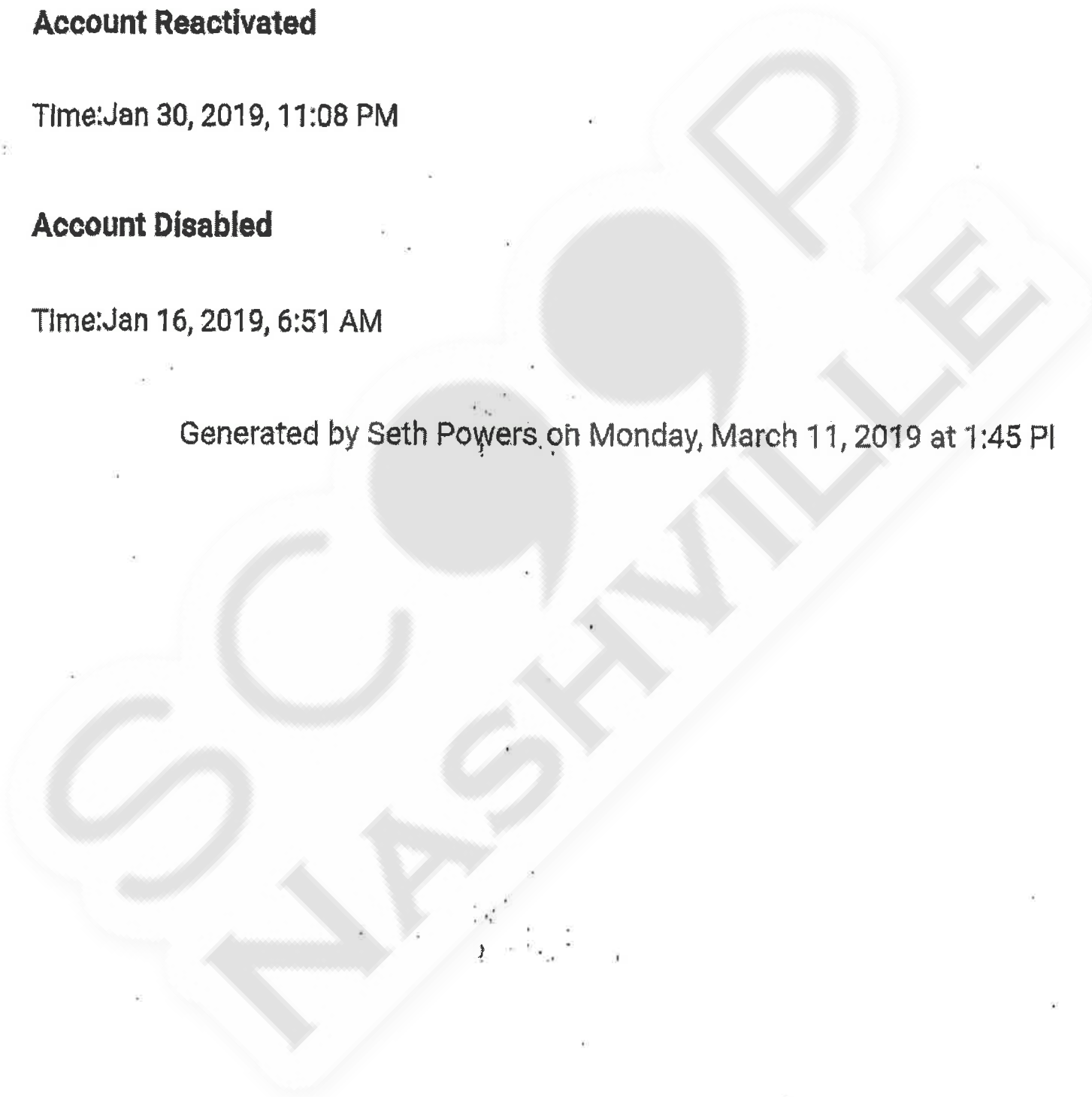
**Account Reactivated**

Time:Jan 30, 2019, 11:08 PM

**Account Disabled**

Time:Jan 16, 2019, 6:51 AM

Generated by Seth Powers on Monday, March 11, 2019 at 1:45 PM





67. PFO408-13,251.25

Metropolitan Government of Nashville and Davidson County

Rating Period  
7-10-17  
to  
7-14-18

EMPLOYEE PERFORMANCE EVALUATION

Employee Name: Benjamin S Powers  
Employee #: 621693

Title/Department: Firefighter 2  
Supervisor Name/Title: Patrick I hunt/Capt.

Evaluation Type:  Annual  Probationary/Work Test  Targeting  Other

Performance Rating Definitions

- 1 - Needs Improvement: Performance fails to meet the minimum performance standards of the position.
- 2 - Successful: Performance meets the standards of the position.
- 3 - Exceptional: Performance is significantly above the performance standards of the position.

A. MAJOR JOB RESPONSIBILITIES: List the responsibility, rate the performance level, and provide comments to support your ratings. \*NOTE: A rating of 1 or 3 must be documented.

Responsibility	1	2	3	Comments
1. Firefighting and rescue operations	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	F/F Powers has high competence in rescue operations and is equally capable in his firefighting duties.
2. General station and equipment maintenance	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	
3. Training and continuous education programs, to include: relief driving	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	
4. First responder medical activities	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	F/F Powers is proficient with his EMT skills and is proactive on the scene.
5. Relief apparatus driving and scene operations (if applicable)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	
6.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
7.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
8.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
9.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
10.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

**B. CORE COMPETENCIES:** Mark a rating indicating how well the employee displays the competency and provide comments to support your ratings.

Competency	1	2	3	Comments
1. <b>Adaptability/Flexibility:</b> Displays willingness and ability to change in assignments, schedule, rules, and procedures in a timely manner.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	
2. <b>Communications:</b> Receives and relays information in a clear, accurate, and respectful manner. Conveys information effectively through verbal and written means.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	
3. <b>Customer Relations:</b> Displays positive, cooperative, and respectful approach when interacting with customers and focuses on meeting customer needs and gaining results.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	
4. <b>Dependability:</b> Takes personal responsibility for the quality and timeliness of work, and achieves results with little oversight.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	
5. <b>Initiative:</b> Demonstrates appropriate independent action, self-application, self-improvement, and innovation to achieve results and to address gaps and issues with supervisory guidance.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	
6. <b>Teamwork/Peer Relations:</b> Displays a positive, cooperative, and respectful approach when interacting with other employees. Demonstrates ability to work effectively in a team to achieve results.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	F/F Powers has a positive attitude and is very respectful with all other employees.

**C. EXPECTED WORK BEHAVIORS:** Mark the appropriate rating and provide comments if needed. Comments must be provided for a rating of Unacceptable.

Behavior	Acceptable	Unacceptable	Comments
1. Attendance	<input checked="" type="radio"/>	<input type="radio"/>	
2. Compliance with Rules	<input checked="" type="radio"/>	<input type="radio"/>	
3. Observance of Work Hours	<input checked="" type="radio"/>	<input type="radio"/>	

\* A rating of Unacceptable for any of the above items constitutes an overall Unsatisfactory evaluation and requires the following:

- Documentation of specific problem(s) and corrective and/or disciplinary actions taken.
- Authorization of next level manager.
- Authorization of departmental/Metro Human Resources office.

Signature \_\_\_\_\_

Signature \_\_\_\_\_

**D. GOAL ACHIEVEMENT** (This section should be completed only if you used the Performance Plan form to set goals at the beginning of the rating period. This is intended for developmental purposes and is not calculated as part of the performance rating.) Indicate whether or not the employee achieved their performance and developmental goals for the year. Provide comments if needed.

Goal	Successful	Ongoing	Comments
1.	<input type="radio"/>	<input type="radio"/>	
2.	<input type="radio"/>	<input type="radio"/>	
3.	<input type="radio"/>	<input type="radio"/>	
4.	<input type="radio"/>	<input type="radio"/>	
5.	<input type="radio"/>	<input type="radio"/>	

**ADDITIONAL COMMENTS:**

**PERFORMANCE RATINGS:** The average of each section and list in the designated area. The Overall rating is the average of the Section A and B ratings.

Section A:  Section B:  Overall:

This form acknowledges that my supervisor and I met and discussed this performance evaluation. My signature does not imply that I agree with these evaluation results.

Employee's Signature Benjamin S Powers

Date 7/19/18

Supervisor's/Raters's Signature Patrick Harts

Date 7-17-2018

Reviewer's Signature Yolanda Beyer

Date 7-20-18

Director's Signature (optional) \_\_\_\_\_

Date \_\_\_\_\_





Metropolitan Government of  
Nashville & Davidson County

62 PFO407 - 61,542.15

Performance Evaluation Form

Plan Start Date 7.16.16  
Plan End Date 7.16.17

Employee <b>Powers, Benjamin S.</b>	Employee# <b>621693</b>	Title/Department <b>FIRE FIGHTER 2 SUPPRESSION</b>
Rator's Name <b>Jimmy R Greenwood</b>	Rator's Title <b>Captain</b>	Fiscal Year <b>17</b>
Program Purpose Statement THE PURPOSE OF THE BASIC FIRE/RESCUE/HAZARD RESPONSE PROGRAM IS TO PROVIDE FIRE SUPPRESSION AND RESCUE PRODUCTS TO THE CITIZENS AND VISITORS WITHIN OUR COMMUNITY SO THEY CAN HAVE FIRES CONFINED TO AREA OF INVOLVEMENT UPON ARRIVAL.		

Supervisors are encouraged to ensure each employee understands the department's mission and the program(s) he/she works in.

**A. Performance Measures and Major Job Responsibilities**

Rate each employee either (1) Unacceptable; (2) Acceptable; (3) Commendable; or (4) Exemplary.

1. Firefighting and rescue operations.	3
2. General station and equipment maintenance.	2
3. Training and continuous education programs.	3
4. Relief apparatus driving and scene operations.	2
5. First responder medical activities (EMT's only).	3
<b>Average Rating</b>	<b>2.6</b>

Supervisor's Comments

**B. Achieving Program Results: Expectations for All Employees**

Rate each employee either (1) Unacceptable; (2) Acceptable; (3) Commendable; (4) Exemplary; or (NA) Not Applicable.

1. Accepts Change	3
2. Accepts Responsibility and Accountability	2
3. Constructive Use of Work Time	2
4. Customer Relations	3
5. Peer Relations/Teamwork	3
6. Communications	3
7. Initiative	2
8. Job-related Decision-making	3
9. Knowledge of Work	3
10. Planning/Organization	2
11. Quality of Work	3
12. Compliance with Safety	3
Cumulative total for employees with supervisory responsibilities	n/a
<b>Average Rating</b>	<b>2.6</b>

Supervisor's Comments

FF Powers is Improving in many areas. I Believe he will only get Better.

**C. Work Behavior Expectations**

Employees are expected to comply with all Metro/Civil Service rules, policies, and procedures and all department rules and regulations, including attendance and observance of work hours.

- Compliance with Rules                      Acceptable  Unacceptable\*
- Attendance                                      Acceptable  Unacceptable\*
- Observance of Work Hours                  Acceptable  Unacceptable\*

\*A rating of Unacceptable for any of the above items requires the following:

- Documentation of specific problem(s) and corrective and/or disciplinary actions taken.
- Authorization of next level manager.                      Signature \_\_\_\_\_
- Authorization of departmental/Metro Human Resources office.      Signature \_\_\_\_\_

**Year-End Performance Review**

Employee's Comments

Supervisor's Comments

Average Rating from A and B combined ~~2.00~~ 2.60

- Conversation # 1 (see form) occurred on \_\_\_\_\_
- Development Plans (see form) were made and tracked.

This form acknowledges that my supervisor and I met and discussed this performance evaluation. My signature does not imply that I agree with these evaluation results.

Supervisor's/Rater's Signature Gary R. [Signature]                      Date 6-19-17  
 Reviewer's Signature H. Mc [Signature]                                      Date 7-7-17  
 Employee's Signature [Signature]    Date 6-19-17  
 Director's Signature R.T. White by CB                                      Date 7.18.17

**Performance Rating Definitions**

- (1) **Unacceptable:** A Performance Improvement Plan (PIP) will be initiated for any individual performance rating of Unacceptable.
  - Performance does not meet minimum acceptable standards, expectations, and requirements of the job, or is below what can be expected of average performance
  - Employee requires a high level of supervision or assistance to accomplish work results
  - Improvement is necessary to meet desired level of performance
- (2) **Acceptable**
  - Performance meets acceptable standards, expectations, and requirements
  - Performance contributes what is expected of a qualified, experienced employee performing in this position
  - Employee is expected to continue development of new knowledge, skills, or abilities
- (3) **Commendable**
  - Consistently meets standards and expectations, regularly exceeds them, and shows initiative in additional assignments
  - Successfully completes all responsibilities, even for projects that require versatile skills
  - Employee strives to grow professionally through development activities
- (4) **Exemplary**
  - Performance is noticeably exceptional; outstanding performance is clearly evident; performance is at a level that is a "stretch"
  - Performance shows exceptional initiative to plan and anticipate problems, and employee takes appropriate independent action
  - Performance requires little or no supervision to produce exceptional results
- (NA) **Not Applicable**
  - This rating can be used when the category does not apply to the employee's job duties or it may be too soon to rate the employee's performance in this category



**Performance Evaluation Form**

Plan Start Date 7/16/2015  
Plan End Date 7/16/2016

Employee Name <b>Benjamin Powers</b>	Employee # <b>621693</b>	Title/Department <b>FIRE FIGHTER 2 SUPPRESSION</b>
Rater's Name <i>Ray Greenwood</i>	Rater's Title <i>Captain</i>	Fiscal Year <b>16</b>
Program Purpose Statement THE PURPOSE OF THE BASIC FIRE/RESCUE/HAZARD RESPONSE PROGRAM IS TO PROVIDE FIRE SUPPRESSION AND RESCUE PRODUCTS TO THE CITIZENS AND VISITORS WITHIN OUR COMMUNITY SO THEY CAN HAVE FIRES CONFINED TO AREA OF INVOLVEMENT UPON ARRIVAL.		

*Supervisors are encouraged to ensure each employee understands the department's mission and the program(s) he/she works in.*

**A. Performance Measures and Major Job Responsibilities**

Rate each employee either (1) Unacceptable; (2) Acceptable; (3) Commendable; or (4) Exemplary.

1. Firefighting and rescue operations.	3
2. General station and equipment maintenance.	3
3. Training and continuous education programs.	3
4. Relief apparatus driving and scene operations.	3
5. First responder medical activities (EMT's only).	3
<b>Average Rating</b>	<b>2.4</b>

Supervisor's Comments

**B. Achieving Program Results: Expectations for All Employees**

Rate each employee either (1) Unacceptable; (2) Acceptable; (3) Commendable; (4) Exemplary; or (NA) Not Applicable.

1. Accepts Change	2
2. Accepts Responsibility and Accountability	2
3. Constructive Use of Work Time	3
4. Customer Relations	3
5. Peer Relations/Teamwork	3
6. Communications	3
7. Initiative	2
8. Job-related Decision-making	2
9. Knowledge of Work	3
10. Planning/Organization	2
11. Quality of Work	3
12. Compliance with Safety	3
Cumulative total for employees with supervisory responsibilities	30
<b>Average Rating</b>	<b>2.5</b>

Supervisor's Comments



**C. Work Behavior Expectations**

Employees are expected to comply with all Metro/Civil Service rules, policies, and procedures and all department rules and regulations, including attendance and observance of work hours.

- Compliance with Rules  Acceptable  Unacceptable\*
- Attendance  Acceptable  Unacceptable\*
- Observance of Work Hours  Acceptable  Unacceptable\*

\*A rating of Unacceptable for any of the above items requires the following:

- Documentation of specific problem(s) and corrective and/or disciplinary actions taken.
- Authorization of next level manager. Signature \_\_\_\_\_
- Authorization of departmental/Metro Human Resources office. Signature \_\_\_\_\_

**Year-End Performance Review**

Employee's Comments

Supervisor's Comments

Average Rating from A and B combined 2.45

- Conversation # 1 (see form) occurred on \_\_\_\_\_
- Development Plans (see form) were made and tracked.

This form acknowledges that my supervisor and I met and discussed this performance evaluation. My signature does not imply that I agree with these evaluation results.

Supervisor's/Rater's Signature Ging R. Greenwood Jr. Date 6-22-16  
 Reviewer's Signature W.M. Bryan Date 6-30-16  
 Employee's Signature B-R Date 6-30-16  
 Director's Signature D.T. White by CB Date 7-15-16

**Performance Rating Definitions**

- (1) **Unacceptable:** A Performance Improvement Plan (PIP) will be initiated for any individual performance rating of Unacceptable.
  - Performance does not meet minimum acceptable standards, expectations, and requirements of the job, or is below what can be expected of average performance
  - Employee requires a high level of supervision or assistance to accomplish work results
  - Improvement is necessary to meet desired level of performance
- (2) **Acceptable**
  - Performance meets acceptable standards, expectations, and requirements
  - Performance contributes what is expected of a qualified, experienced employee performing in this position
  - Employee is expected to continue development of new knowledge, skills, or abilities
- (3) **Commendable**
  - Consistently meets standards and expectations, regularly exceeds them, and shows initiative in additional assignments
  - Successfully completes all responsibilities, even for projects that require versatile skills
  - Employee strives to grow professionally through development activities
- (4) **Exemplary**
  - Performance is noticeably exceptional; outstanding performance is clearly evident; performance is at a level that is a "stretch"
  - Performance shows exceptional initiative to plan and anticipate problems, and employee takes appropriate independent action
  - Performance requires little or no supervision to produce exceptional results
- (NA) **Not Applicable**
  - This rating can be used when the category does not apply to the employee's job duties or it may be too soon to rate the employee's performance in this category

**C. Work Behavior Expectations**

Employees are expected to comply with all Metro/Civil Service rules, policies, and procedures and all department rules and regulations, including attendance and observance of work hours.

- Compliance with Rules  Acceptable  Unacceptable\*
- Attendance  Acceptable  Unacceptable\*
- Observance of Work Hours  Acceptable  Unacceptable\*

\*A rating of Unacceptable for any of the above items requires the following:

- Documentation of specific problem(s) and corrective and/or disciplinary actions taken.
- Authorization of next level manager. Signature \_\_\_\_\_
- Authorization of departmental/Metro Human Resources office. Signature \_\_\_\_\_

**Year-End Performance Review**

Employee's Comments

[Empty box for Employee's Comments]

Supervisor's Comments

[Empty box for Supervisor's Comments]

Average Rating from A and B combined 2.45

- Conversation # 1 (see form) occurred on \_\_\_\_\_
- Development Plans (see form) were made and tracked.

This form acknowledges that my supervisor and I met and discussed this performance evaluation. My signature does not imply that I agree with these evaluation results.

Supervisor's/Rater's Signature Ging R. Greenwood Jr. Date 6-22-16  
 Reviewer's Signature H.M. Beyer Date 6-30-16  
 Employee's Signature B-P Date 6-30-16  
 Director's Signature D.T. White by CB Date 7-15-16

**Performance Rating Definitions**

- (1) **Unacceptable:** A Performance Improvement Plan (PIP) will be initiated for any individual performance rating of Unacceptable.
  - Performance does not meet minimum acceptable standards, expectations, and requirements of the job, or is below what can be expected of average performance
  - Employee requires a high level of supervision or assistance to accomplish work results
  - Improvement is necessary to meet desired level of performance
- (2) **Acceptable**
  - Performance meets acceptable standards, expectations, and requirements
  - Performance contributes what is expected of a qualified, experienced employee performing in this position
  - Employee is expected to continue development of new knowledge, skills, or abilities
- (3) **Commendable**
  - Consistently meets standards and expectations, regularly exceeds them, and shows initiative in additional assignments
  - Successfully completes all responsibilities, even for projects that require versatile skills
  - Employee strives to grow professionally through development activities
- (4) **Exemplary**
  - Performance is noticeably exceptional; outstanding performance is clearly evident; performance is at a level that is a "stretch"
  - Performance shows exceptional initiative to plan and anticipate problems, and employee takes appropriate independent action
  - Performance requires little or no supervision to produce exceptional results
- (NA) **Not Applicable**
  - This rating can be used when the category does not apply to the employee's job duties or it may be too soon to rate the employee's performance in this category





Performance Evaluation Form

Plan Start Date 7/16/2014  
Plan End Date 7/16/2015

Employee Name <b>Powers, Benjamin</b>	Employee # <b>621693</b>	Title/Department <b>FIRE FIGHTER 2 SUPPRESSION</b>
Rater's Name <i>Ray Greenwood</i>	Rater's Title <i>Captain</i>	Fiscal Year <b>14</b>
Program Purpose Statement THE PURPOSE OF THE BASIC FIRE/RESCUE/HAZARD RESPONSE PROGRAM IS TO PROVIDE FIRE SUPPRESSION AND RESCUE PRODUCTS TO THE CITIZENS AND VISITORS WITHIN OUR COMMUNITY SO THEY CAN HAVE FIRES CONFINED TO AREA OF INVOLVEMENT UPON ARRIVAL.		

Supervisors are encouraged to ensure each employee understands the department's mission and the program(s) he/she works in.

**A. Performance Measures and Major Job Responsibilities**

Rate each employee either (1) Unacceptable; (2) Acceptable; (3) Commendable; or (4) Exemplary.

1. Firefighting and rescue operations.	3
2. General station and equipment maintenance.	2
3. Training and continuous education programs.	2
4. Relief apparatus driving and scene operations.	2
5. First responder medical activities (EMT's only).	2
<b>Average Rating</b>	<b>2.2</b>

Supervisor's Comments

*FF Power's Has alot of Potential, to become Good in all Areas of the Job. And I think he will become motivated to.*

**B. Achieving Program Results: Expectations for All Employees**

Rate each employee either (1) Unacceptable; (2) Acceptable; (3) Commendable; (4) Exemplary; or (NA) Not Applicable.

1. Accepts Change	3
2. Accepts Responsibility and Accountability	2
3. Constructive Use of Work Time	2
4. Customer Relations	3
5. Peer Relations/Teamwork	2
6. Communications	2
7. Initiative	2
8. Job-related Decision-making	2
9. Knowledge of Work	2
10. Planning/Organization	2
11. Quality of Work	3
12. Compliance with Safety	2
Cumulative total for employees with supervisory responsibilities	27
<b>Average Rating</b>	<b>2.25</b>

Supervisor's Comments

[Empty box for supervisor's comments]

### C. Work Behavior Expectations

Employees are expected to comply with all Metro/Civil Service rules, policies, and procedures and all department rules and regulations, including attendance and observance of work hours.

- |                            |  |  |
|----------------------------|--|--|
| • Compliance with Rules    | <input checked="" type="checkbox"/> Acceptable | <input type="checkbox"/> Unacceptable* |
| • Attendance               | <input checked="" type="checkbox"/> Acceptable | <input type="checkbox"/> Unacceptable* |
| • Observance of Work Hours | <input checked="" type="checkbox"/> Acceptable | <input type="checkbox"/> Unacceptable* |

\*A rating of Unacceptable for any of the above items requires the following:

- Documentation of specific problem(s) and corrective and/or disciplinary actions taken.
- Authorization of next level manager. Signature \_\_\_\_\_
- Authorization of departmental/Metro Human Resources office. Signature \_\_\_\_\_

### Year-End Performance Review

#### Employee's Comments

#### Supervisor's Comments

I have had several talks with FF Powers  
And I expect to see these numbers on Evaluation  
to become Higher.

Average Rating from A and B combined ~~2.23~~ 2.23

- Conversation # 1 (see form) occurred on \_\_\_\_\_  Development Plans (see form) were made and tracked.

This form acknowledges that my supervisor and I met and discussed this performance evaluation.  
My signature does not imply that I agree with these evaluation results.

Supervisor's/Rater's Signature Jerry R Greenwood Jr. Date 6-27-15  
Reviewer's Signature H.M. By... Date 6-27-15  
Employee's Signature B-P Date 6-27-15  
Director's Signature R.T. White by CP Date 7.2.15

#### Performance Rating Definitions

- (1) **Unacceptable:** A Performance Improvement Plan (PIP) will be initiated for any individual performance rating of Unacceptable.
  - Performance does not meet minimum acceptable standards, expectations, and requirements of the job, or is below what can be expected of average performance
  - Employee requires a high level of supervision or assistance to accomplish work results
  - Improvement is necessary to meet desired level of performance
- (2) **Acceptable**
  - Performance meets acceptable standards, expectations, and requirements
  - Performance contributes what is expected of a qualified, experienced employee performing in this position
  - Employee is expected to continue development of new knowledge, skills, or abilities
- (3) **Commendable**
  - Consistently meets standards and expectations, regularly exceeds them, and shows initiative in additional assignments
  - Successfully completes all responsibilities, even for projects that require versatile skills
  - Employee strives to grow professionally through development activities
- (4) **Exemplary**
  - Performance is noticeably exceptional; outstanding performance is clearly evident; performance is at a level that is a "stretch"
  - Performance shows exceptional initiative to plan and anticipate problems, and employee takes appropriate independent action
  - Performance requires little or no supervision to produce exceptional results
- (NA) **Not Applicable**
  - This rating can be used when the category does not apply to the employee's job duties or it may be too soon to rate the employee's performance in this category





Performance Evaluation Form

Plan Start Date 7/16/2013  
Plan End Date 7/16/2014  
Eng 3-B D-29

Employee Name <b>Powers, Benjamin S.</b>	Employee # <b>621693</b>	Title/Department <b>FIRE FIGHTER 2 SUPPRESSION</b>
Rater's Name	Rater's Title	Fiscal Year 13
Program Purpose Statement THE PURPOSE OF THE BASIC FIRE/RESCUE/HAZARD RESPONSE PROGRAM IS TO PROVIDE FIRE SUPPRESSION AND RESCUE PRODUCTS TO THE CITIZENS AND VISITORS WITHIN OUR COMMUNITY SO THEY CAN HAVE FIRES CONFINED TO AREA OF INVOLVEMENT UPON ARRIVAL.		

Supervisors are encouraged to ensure each employee understands the department's mission and the program(s) he/she works in.

**A. Performance Measures and Major Job Responsibilities**

Rate each employee either (1) Unacceptable; (2) Acceptable; (3) Commendable; or (4) Exemplary.

1. Firefighting and rescue operations.	3
2. General station and equipment maintenance.	3
3. Training and continuous education programs.	3
4. Relief apparatus driving and scene operations.	3
5. First responder medical activities (EMT's only).	3
<b>Average Rating</b>	<b>3</b>

Supervisor's Comments

**B. Achieving Program Results: Expectations for All Employees**

Rate each employee either (1) Unacceptable; (2) Acceptable; (3) Commendable; (4) Exemplary; or (NA) Not Applicable.

1. Accepts Change	3
2. Accepts Responsibility and Accountability	3
3. Constructive Use of Work Time	3
4. Customer Relations	3
5. Peer Relations/Teamwork	3
6. Communications	3
7. Initiative	3
8. Job-related Decision-making	3
9. Knowledge of Work	3
10. Planning/Organization	3
11. Quality of Work	3
12. Compliance with Safety	3
Cumulative total for employees with supervisory responsibilities	36
<b>Average Rating</b>	<b>3</b>

Supervisor's Comments

### C. Work Behavior Expectations

Employees are expected to comply with all Metro/Civil Service rules, policies, and procedures and all department rules and regulations, including attendance and observance of work hours.

- Compliance with Rules  Acceptable  Unacceptable\*
- Attendance  Acceptable  Unacceptable\*
- Observance of Work Hours  Acceptable  Unacceptable\*

\*A rating of Unacceptable for any of the above items requires the following:

Documentation of specific problem(s) and corrective and/or disciplinary actions taken.

Authorization of next level manager.

Signature \_\_\_\_\_

Authorization of departmental/Metro Human Resources office. Signature \_\_\_\_\_

### Year-End Performance Review

Employee's Comments

Supervisor's Comments

Average Rating from A and B combined 3

Conversation # 1 (see form) occurred on \_\_\_\_\_  Development Plans (see form) were made and tracked.

This form acknowledges that my supervisor and I met and discussed this performance evaluation. My signature does not imply that I agree with these evaluation results.

Supervisor's/Rater's Signature

*[Signature]*

Date

5-17-14

Reviewer's Signature

*[Signature]*

Date

5/17/14

Employee's Signature

*Benjamin S. Powers*

Date

5-17-14

Director's Signature

*Rick White by gm*

Date

5/20/14

#### Performance Rating Definitions

- (1) **Unacceptable:** A Performance Improvement Plan (PIP) will be initiated for any individual performance rating of Unacceptable.
  - Performance does not meet minimum acceptable standards, expectations, and requirements of the job, or is below what can be expected of average performance
  - Employee requires a high level of supervision or assistance to accomplish work results
  - Improvement is necessary to meet desired level of performance
- (2) **Acceptable**
  - Performance meets acceptable standards, expectations, and requirements
  - Performance contributes what is expected of a qualified, experienced employee performing in this position
  - Employee is expected to continue development of new knowledge, skills, or abilities
- (3) **Commendable**
  - Consistently meets standards and expectations, regularly exceeds them, and shows initiative in additional assignments
  - Successfully completes all responsibilities, even for projects that require versatile skills
  - Employee strives to grow professionally through development activities
- (4) **Exemplary**
  - Performance is noticeably exceptional; outstanding performance is clearly evident; performance is at a level that is a "stretch"
  - Performance shows exceptional initiative to plan and anticipate problems, and employee takes appropriate independent action
  - Performance requires little or no supervision to produce exceptional results
- (NA) **Not Applicable**
  - This rating can be used when the category does not apply to the employee's job duties or it may be too soon to rate the employee's performance in this category





Metropolitan Government of  
Nashville & Davidson County

*CS 8/22*



**Performance Evaluation Form**

Plan Start Date 11/18/12  
Plan End Date 11/16/13  
E 03-B D-29

Employee Name <b>Powers, Benjamin S.</b>	Employee # <b>621693</b>	Title/Department <b>FIRE FIGHTER 2 SUPPRESSION</b>
Rater's Name	Rater's Title	Fiscal Year <b>13</b>

**Program Purpose Statement**  
THE PURPOSE OF THE BASIC FIRE/RESCUE/HAZARD RESPONSE PROGRAM IS TO PROVIDE FIRE SUPPRESSION AND RESCUE PRODUCTS TO THE CITIZENS AND VISITORS WITHIN OUR COMMUNITY SO THEY CAN HAVE FIRES CONFINED TO AREA OF INVOLVEMENT UPON ARRIVAL.

*Supervisors are encouraged to ensure each employee understands the department's mission and the program(s) he/she works in.*

**A. Performance Measures and Major Job Responsibilities**

Rate each employee either (1) Unacceptable; (2) Acceptable; (3) Commendable; or (4) Exemplary.

1. Firefighting and rescue operations.	<i>4</i>
2. General station and equipment maintenance.	<i>3</i>
3. Training and continuous education programs.	<i>3</i>
4. Relief apparatus driving and scene operations.	<i>3</i>
5. First responder medical activities (EMT's only).	<i>3</i>
<b>Average Rating</b>	<i>3.20</i>

Supervisor's Comments

**B. Achieving Program Results: Expectations for All Employees**

Rate each employee either (1) Unacceptable; (2) Acceptable; (3) Commendable; (4) Exemplary; or (NA) Not Applicable.

1. Accepts Change	<i>3</i>
2. Accepts Responsibility and Accountability	<i>3</i>
3. Constructive Use of Work Time	<i>3</i>
4. Customer Relations	<i>3</i>
5. Peer Relations/Teamwork	<i>3</i>
6. Communications	<i>3</i>
7. Initiative	<i>3</i>
8. Job-related Decision-making	<i>3</i>
9. Knowledge of Work	<i>3</i>
10. Planning/Organization	<i>3</i>
11. Quality of Work	<i>3</i>
12. Compliance with Safety	<i>3</i>
Cumulative total for employees with supervisory responsibilities	<i>30</i>
<b>Average Rating</b>	<i>3.0</i>

Supervisor's Comments



✓ Benjamin S Powers  
emp# 621693  
effective 9/16/13  
43786.08  
+3%  
45099.66

VERIFICATION FOR EDUCATIONAL PAY FORM

I. Employee

To comply with the requirements for the Educational Incentive Pay, I am furnishing my department with my college transcript or college degree which indicates the awarding of my degree and the date the degree was confirmed.

CHECK:

Associate's Degree 390  
Bachelor's Degree \_\_\_\_\_

BSP DATE 9/12/13  
Employee Signature

II. Department:

The department is requesting Educational Incentive Pay for the employee who has met the requirements as stated in Policy 14.8-I (Fire)/13.8-I (Police).

Michael Powell DATE 9/24/2013  
Department's Personnel Staff

[Signature] DATE 12/13  
Appointing Authority/Designee

II. Personnel Department

The college transcript/college degree confirmation has been reviewed and has been verified that the employee has met the requirements to receive the Educational Incentive Pay as stated in the Policy 14.8-I (Fire)/13.8-I (Police).

[Signature] DATE 9-26-13  
Supervisor of Data Entry/Payroll Section

DATE \_\_\_\_\_  
Administrative Division Manager



# Volunteer State Community College

Gallatin, Tennessee

*The Tennessee Board of Regents for the State University  
and Community College System upon the recommendation of the  
President, Vice President, and Faculty of the College hereby confers upon*

**Benjamin S Powers**

*Who has completed the studies and fulfilled all the requirements  
set forth by the College for the degree of*

**Associate of Applied Science**

*As evidence of attainments and the granting of all rights pertaining to that degree, and  
In Testimony Whereof, the seal of the College and signatures as authorized  
by the Tennessee Board of Regents are hereunto affixed this  
tenth day of August, in the year of our Lord, two thousand and thirteen.*

*John Margo*  
Chairman, Tennessee Board of Regents

*Rick Herber*  
Secretary



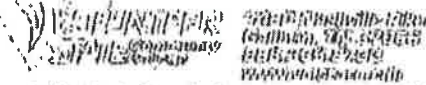
*Phyllis Foley*  
Vice President of Academic Affairs

*Jay L. Faulkner*  
President of the College









Record of: Benjamin S Powers

Date Issued: 23-SEP-2013

Date of Birth: 27-JUL-84

SSN: [REDACTED]

Level: Undergraduate

SUBJ NO.	COURSE TITLE	CRD	GRD	PIS	R	SUBJ NO.	COURSE TITLE	CRD	GRD	PIS	R
Institution Information continued:						Institution Information continued:					
Total Earned Credits 12.00						Total Earned Credits 1.00					
Good Standing						Good Standing					
TERM COMBINED						TERM COMBINED					
Hrs: 12.00 GPA-Hrs: 12.00 QPts: 28.00 GPA: 1.50						Hrs: 7.00 GPA-Hrs: 7.00 QPts: 28.00 GPA: 1.42					
*****						*****					
Spring Term 2011						***** TRANSCRIPT TOTALS *****					
ENGL 1010	English Composition I	3.00	F	0.00		TOTAL INSTITUTION		75.00	75.00	217.00	2.74
ENGL 1030	Intro to Film	3.00	D	1.00		TOTAL TRANSFER		6.00	0.00	0.00	0.00
PST 118	Disaster Awareness	1.00	A	12.00		OVERALL		85.00	79.00	217.00	2.74
PSY 101	General Psychology	3.00	C	6.00		*****		*****			
Total Earned Credits 9.00						INSTITUTION		75.00	75.00	217.00	2.74
Good Standing						COMBINED		*****			
TERM COMBINED						TRANSFER		6.00	0.00	0.00	0.00
Hrs: 9.00 GPA-Hrs: 9.00 QPts: 21.00 GPA: 2.33						OVERALL		85.00	79.00	217.00	2.74
*****						COMBINED		*****			
Fall Term 2011						*****		*****			
ENGL 1010	English Composition I	3.00	B	3.00	I	*****		*****			
PST 118	Fire Protection System	3.00	E	6.00		*****		*****			
ITFS 1010	Computer Applications	3.00	D	3.00		*****		*****			
SOCI 1010	Intro to Sociology	3.00	F	0.00	K	*****		*****			
Total Earned Credits 9.00						*****		*****			
Good Standing						*****		*****			
TERM COMBINED						*****		*****			
Hrs: 9.00 GPA-Hrs: 9.00 QPts: 18.00 GPA: 2.00						*****		*****			
*****						*****		*****			
Summer Term 2011						*****		*****			
BIOL 1030	Essentials of Biology	3.00	B	12.00		*****		*****			
SOCI 1010	Intro to Sociology	3.00	A	12.00	F	*****		*****			
*****						*****		*****			
***** CONTINUED ON NEXT COLUMN *****						*****		*****			

This officially sealed and signed transcript is printed on CO-SERIO SAF-8 security paper with the name of the institution printed in yellow ink across the top of the document. A raised seal is also required. When photocopied, one of the institutions seal the word COPY will appear. A BLACK OR WHITE OR COLOR COPY SHOULD NOT BE ACCEPTED!

In accordance with USC 48104 (c) (1) (The Family Educational Rights and Privacy Act of 1974) you are hereby notified that this information is for your use only. It is the responsibility of you, your agent or employer, not permit any other party access to this record without consent of the student. Alterations of this transcript may be a criminal offense.

THE AMITY COLLEGE OF TENNESSEE

\*\*\*\*\*

SMITH, MICHELE P. (JB206PRD)  
Sign Out

Employee Information - General Description Entry

1 7 8

Supplemental Database Code:     Type Data:     Education - Formal  
 Employee Address Book Number:     POWERS, BENJAMIN S

UDC Table:     Code Size:   
 Records 1 - 2 Customize Grid

<input type="checkbox"/>	<input checked="" type="checkbox"/>	Degree	Description	Date Dgr	User Defined Amount	School Attended	Remarks Line 2
<input type="checkbox"/>	<input checked="" type="checkbox"/>	AFS	Associate Fire Science	08/10/2013		VOLUNTEER STATE COMM COL	FIRE SCIENCE





**Performance Evaluation Form**

Plan Start Date 11/16/11  
Plan End Date 11/16/12  
ENG 03-B D-29

Employee Name Powers, Benjamin S.	Employee # 621693	Title/Department FIRE FIGHTER 2 SUPPRESSION
Rater's Name <i>John Walker</i>	Rater's Title <i>CAPT.</i>	Fiscal Year 12
Program Purpose Statement THE PURPOSE OF THE BASIC FIRE/RESCUE/HAZARD RESPONSE PROGRAM IS TO PROVIDE FIRE SUPPRESSION AND RESCUE PRODUCTS TO THE CITIZENS AND VISITORS WITHIN OUR COMMUNITY SO THEY CAN HAVE FIRES CONFINED TO AREA OF INVOLVEMENT UPON ARRIVAL.		

*Supervisors are encouraged to ensure each employee understands the department's mission and the program(s) he/she works in.*

**A. Performance Measures and Major Job Responsibilities**

Rate each employee either (1) Unacceptable; (2) Acceptable; (3) Commendable; or (4) Exemplary.

1. Firefighting and rescue operations.	4
2. General station and equipment maintenance.	4
3. Training and continuous education programs.	4
4. Relief apparatus driving and scene operations.	4
5. First responder medical activities (EMT's only).	4
<b>Average Rating</b>	4.00

Supervisor's Comments

**B. Achieving Program Results: Expectations for All Employees**

Rate each employee either (1) Unacceptable; (2) Acceptable; (3) Commendable; (4) Exemplary; or (NA) Not Applicable.

1. Accepts Change	4
2. Accepts Responsibility and Accountability	4
3. Constructive Use of Work Time	3
4. Customer Relations	3
5. Peer Relations/Teamwork	4
6. Communications	4
7. Initiative	4
8. Job-related Decision-making	4
9. Knowledge of Work	4
10. Planning/Organization	3
11. Quality of Work	4
12. Compliance with Safety	4
Cumulative total for employees with supervisory responsibilities	45
<b>Average Rating</b>	3.75

Supervisor's Comments



**C. Work Behavior Expectations**

Employees are expected to comply with all Metro/Civil Service rules, policies, and procedures and all department rules and regulations, including attendance and observance of work hours.

- Compliance with Rules  Acceptable  Unacceptable\*
- Attendance  Acceptable  Unacceptable\*
- Observance of Work Hours  Acceptable  Unacceptable\*

\*A rating of Unacceptable for any of the above items requires the following:

- Documentation of specific problem(s) and corrective and/or disciplinary actions taken.
- Authorization of next level manager. Signature \_\_\_\_\_
- Authorization of departmental/Metro Human Resources office. Signature \_\_\_\_\_

**Year-End Performance Review**

Employee's Comments

Supervisor's Comments

SETH IS HARD WORKER who enjoys making both runs & FIRES. He is AN ASSET TO BOTH THE COMPANY & THE DEPARTMENT.

Average Rating from A and B combined 3.88

- Conversation # 1 (see form) occurred on \_\_\_\_\_
- Development Plans (see form) were made and tracked.

This form acknowledges that my supervisor and I met and discussed this performance evaluation. My signature does not imply that I agree with these evaluation results.

Supervisor's/Rater's Signature [Signature] Date 5/7/2013  
 Reviewer's Signature [Signature] Date 6/15/13  
 Employee's Signature B-P- Benjamin Powers Date 5/7/2013  
 Director's Signature Billy Lynch by CB Date 6-17-13

**Performance Rating Definitions**

- (1) **Unacceptable:** A Performance Improvement Plan (PIP) will be initiated for any individual performance rating of Unacceptable.
  - Performance does not meet minimum acceptable standards, expectations, and requirements of the job, or is below what can be expected of average performance
  - Employee requires a high level of supervision or assistance to accomplish work results
  - Improvement is necessary to meet desired level of performance
- (2) **Acceptable**
  - Performance meets acceptable standards, expectations, and requirements
  - Performance contributes what is expected of a qualified, experienced employee performing in this position
  - Employee is expected to continue development of new knowledge, skills, or abilities
- (3) **Commendable**
  - Consistently meets standards and expectations, regularly exceeds them, and shows initiative in additional assignments
  - Successfully completes all responsibilities, even for projects that require versatile skills
  - Employee strives to grow professionally through development activities
- (4) **Exemplary**
  - Performance is noticeably exceptional; outstanding performance is clearly evident; performance is at a level that is a "stretch"
  - Performance shows exceptional initiative to plan and anticipate problems, and employee takes appropriate independent action
  - Performance requires little or no supervision to produce exceptional results
- (NA) **Not Applicable**
  - This rating can be used when the category does not apply to the employee's job duties or it may be too soon to rate the employee's performance in this category



**METROPOLITAN GOVERNMENT  
ACCEPTABLE USE OF INFORMATION ASSETS POLICY  
CONSENT AND RELEASE FORM**

I, Benjamin Powers, as an employee of/applicant for employment with Metropolitan Government, acknowledge that I have read and understand the Metropolitan Government's *Acceptable Use of Information Technology Assets Policy*. Except as otherwise provided by applicable law, I have no expectation of privacy when using the Metropolitan Government's Information Technology Assets

I acknowledge that information may be gathered through monitoring, searching and reviewing my or any use of the Metropolitan Government's Information Technology Assets and Information, including, without limitation, files and emails. I understand that, except where it would be prohibited by law, the Metropolitan Government may disclose any information obtained through such monitoring and I consent to such disclosure. I understand that such information may be used in a disciplinary action against me or in judicial proceedings. I understand that any violations of this Policy on my part could result in disciplinary actions being taken against me, up to and including termination of employment.

B-P  
Employee/Applicant Signature

4-30-12  
Date

621693  
Employee Number

Fire  
Department

Form Version 1.2





### Performance Evaluation Form

Plan Start Date 11/18/10  
Plan End Date 11/13/11  
E-15-C E28

Employee Name <b>POWERS, BENJAMIN</b>	Employee # <b>621693</b>	Title/Department <b>FIRE FIGHTER 2 SUPPRESSION</b>
Rater's Name <i>Leslie Hollis</i>	Rater's Title <i>Captain</i>	Fiscal Year <b>11</b>
Program Purpose Statement <b>THE PURPOSE OF THE BASIC FIRE/RESCUE/HAZARD RESPONSE PROGRAM IS TO PROVIDE FIRE SUPPRESSION AND RESCUE PRODUCTS TO THE CITIZENS AND VISITORS WITHIN OUR COMMUNITY SO THEY CAN HAVE FIRES CONFINED TO AREA OF INVOLVEMENT UPON ARRIVAL.</b>		

*Supervisors are encouraged to ensure each employee understands the department's mission and the program(s) he/she works in.*

#### A. Performance Measures and Major Job Responsibilities

Rate each employee either (1) Unacceptable; (2) Acceptable; (3) Commendable; or (4) Exemplary.

1. Firefighting and rescue operations.	3
2. General station and equipment maintenance.	2
3. Training and continuous education programs.	3
4. Relief apparatus driving and scene operations.	2
5. First responder medical activities (EMT's only).	3
<b>Average Rating</b>	<b>2.6</b>

**Supervisor's Comments**

*Powers is about to get his Fire Science degree completed. He has also gotten turned loose to relief drive.*

#### B. Achieving Program Results: Expectations for All Employees

Rate each employee either (1) Unacceptable; (2) Acceptable; (3) Commendable; (4) Exemplary; or (NA) Not Applicable.

1. Accepts Change	2
2. Accepts Responsibility and Accountability	2
3. Constructive Use of Work Time	2
4. Customer Relations	2
5. Peer Relations/Teamwork	3
6. Communications	2
7. Initiative	2
8. Job-related Decision-making	3
9. Knowledge of Work	2
10. Planning/Organization	2
11. Quality of Work	2
12. Compliance with Safety	2
Cumulative total for employees with supervisory responsibilities	
<b>Average Rating</b>	<b>2.1</b>

**Supervisor's Comments**

*Powers shows good initiative and works well with fellow employees.*



### C. Work Behavior Expectations

Employees are expected to comply with all Metro/Civil Service rules, policies, and procedures and all department rules and regulations, including attendance and observance of work hours.

- Compliance with Rules  Acceptable  Unacceptable\*
- Attendance  Acceptable  Unacceptable\*
- Observance of Work Hours  Acceptable  Unacceptable\*

\*A rating of Unacceptable for any of the above items requires the following:

Documentation of specific problem(s) and corrective and/or disciplinary actions taken.

Authorization of next level manager.

Signature \_\_\_\_\_

Authorization of departmental/Metro Human Resources office. Signature \_\_\_\_\_

### Year-End Performance Review

#### Employee's Comments

#### Supervisor's Comments

Powers is a good fireman and medic. He is improving his abilities everyday.

Average Rating from A and B combined 2.3

Conversation # 1 (see form) occurred on \_\_\_\_\_  Development Plans (see form) were made and tracked.

This form acknowledges that my supervisor and I met and discussed this performance evaluation. My signature does not imply that I agree with these evaluation results.

Supervisor's/Rater's Signature Julie Helms Date 10-1-11

Reviewer's Signature Barry Johnson Date 10-7-11

Employee's Signature B-P Benjamin Powers Date 10-1-11

Director's Signature [Signature] Date 11-30-11

#### Performance Rating Definitions

- (1) **Unacceptable:** A Performance Improvement Plan (PIP) will be initiated for any individual performance rating of Unacceptable.
  - Performance does not meet minimum acceptable standards, expectations, and requirements of the job, or is below what can be expected of average performance
  - Employee requires a high level of supervision or assistance to accomplish work results
  - Improvement is necessary to meet desired level of performance
- (2) **Acceptable**
  - Performance meets acceptable standards, expectations, and requirements
  - Performance contributes what is expected of a qualified, experienced employee performing in this position
  - Employee is expected to continue development of new knowledge, skills, or abilities
- (3) **Commendable**
  - Consistently meets standards and expectations, regularly exceeds them, and shows initiative in additional assignments
  - Successfully completes all responsibilities, even for projects that require versatile skills
  - Employee strives to grow professionally through development activities
- (4) **Exemplary**
  - Performance is noticeably exceptional; outstanding performance is clearly evident; performance is at a level that is a "stretch"
  - Performance shows exceptional initiative to plan and anticipate problems, and employee takes appropriate independent action
  - Performance requires little or no supervision to produce exceptional results
- (NA) **Not Applicable**
  - This rating can be used when the category does not apply to the employee's job duties or it may be too soon to rate the employee's performance in this category





Performance Evaluation Form

Plan Start Date 11/16/09  
Plan End Date 11/16/10  
E-15-C D28

Employee Name <b>POWERS, BENJAMIN</b>	Employee # <b>621693</b>	Title/Department <b>FIRE FIGHTER 2 SUPPRESSION</b>
Rater's Name <i>Leslie Hollis</i>	Rater's Title <i>Captain</i>	Fiscal Year <b>09</b>
Program Purpose Statement THE PURPOSE OF THE BASIC FIRE/RESCUE/HAZARD RESPONSE PROGRAM IS TO PROVIDE FIRE SUPPRESSION AND RESCUE PRODUCTS TO THE CITIZENS AND VISITORS WITHIN OUR COMMUNITY SO THEY CAN HAVE FIRES CONFINED TO AREA OF INVOLVEMENT UPON ARRIVAL.		

Supervisors are encouraged to ensure each employee understands the department's mission and the program(s) he/she works in.

**A. Performance Measures and Major Job Responsibilities**

Rate each employee either (1) Unacceptable; (2) Acceptable; (3) Commendable; or (4) Exemplary.

1. Firefighting and rescue operations.	3
2. General station and equipment maintenance.	2
3. Training and continuous education programs.	3
4. Relief apparatus driving and scene operations.	2
5. First responder medical activities (EMT's only).	3
<b>Average Rating</b>	<b>2.6</b>

Supervisor's Comments

*Seth is a good firefighter and is continuing his education by taking fire science courses.*

**B. Achieving Program Results: Expectations for All Employees**

Rate each employee either (1) Unacceptable; (2) Acceptable; (3) Commendable; (4) Exemplary; or (NA) Not Applicable.

1. Accepts Change	2
2. Accepts Responsibility and Accountability	3
3. Constructive Use of Work Time	2
4. Customer Relations	2
5. Peer Relations/Teamwork	2
6. Communications	3
7. Initiative	3
8. Job-related Decision-making	3
9. Knowledge of Work	3
10. Planning/Organization	3
11. Quality of Work	3
12. Compliance with Safety	2
Cumulative total for employees with supervisory responsibilities	
<b>Average Rating</b>	<b>2.58</b>

Supervisor's Comments

*Seth has good peer relations and is making improvements in his job related decisions.*

### C. Work Behavior Expectations

Employees are expected to comply with all Metro/Civil Service rules, policies, and procedures and all department rules and regulations, including attendance and observance of work hours.

- |                            |  |  |
|----------------------------|--|--|
| • Compliance with Rules    | <input checked="" type="checkbox"/> Acceptable | <input type="checkbox"/> Unacceptable* |
| • Attendance               | <input checked="" type="checkbox"/> Acceptable | <input type="checkbox"/> Unacceptable* |
| • Observance of Work Hours | <input checked="" type="checkbox"/> Acceptable | <input type="checkbox"/> Unacceptable* |

\*A rating of Unacceptable for any of the above items requires the following:

Documentation of specific problem(s) and corrective and/or disciplinary actions taken.

Authorization of next level manager.

Signature \_\_\_\_\_

Authorization of departmental/Metro Human Resources office.

Signature \_\_\_\_\_

### Year-End Performance Review

#### Employee's Comments

Seth has good firefighting skills and continues to make improvements. Seth is also a skilled EMT and he is continuing his education.

#### Supervisor's Comments

Average Rating from A and B combined 2.59

- Conversation # 1 (see form) occurred on \_\_\_\_\_,  Development Plans (see form) were made and tracked.

This form acknowledges that my supervisor and I met and discussed this performance evaluation. My signature does not imply that I agree with these evaluation results.

Supervisor's/Rater's Signature DeLo Galley Date 12-5-10

Reviewer's Signature Kerry Johnson Date 12-17-2010

Employee's Signature B-P Benjamin Powell Date 10-5-10

Director's Signature Steph H Date 12-23-10

#### Performance Rating Definitions

- (1) **Unacceptable:** A Performance Improvement Plan (PIP) will be initiated for any individual performance rating of Unacceptable.
- Performance does not meet minimum acceptable standards, expectations, and requirements of the job, or is below what can be expected of average performance
  - Employee requires a high level of supervision or assistance to accomplish work results
  - Improvement is necessary to meet desired level of performance
- (2) **Acceptable**
- Performance meets acceptable standards, expectations, and requirements
  - Performance contributes what is expected of a qualified, experienced employee performing in this position
  - Employee is expected to continue development of new knowledge, skills, or abilities
- (3) **Commendable**
- Consistently meets standards and expectations, regularly exceeds them, and shows initiative in additional assignments
  - Successfully completes all responsibilities, even for projects that require versatile skills
  - Employee strives to grow professionally through development activities
- (4) **Exemplary**
- Performance is noticeably exceptional; outstanding performance is clearly evident; performance is at a level that is a "stretch"
  - Performance shows exceptional initiative to plan and anticipate problems, and employee takes appropriate independent action
  - Performance requires little or no supervision to produce exceptional results
- (NA) **Not Applicable**
- This rating can be used when the category does not apply to the employee's job duties or it may be too soon to rate the employee's performance in this category





### Performance Evaluation Form

Plan Start Date 11/16/08  
Plan End Date 11/16/09  
E-15-C D28

Employee Name <b>POWERS, BENJAMIN S.</b>	Employee # <b>621693</b>	Title/Department <b>FIRE FIGHTER 2 SUPPRESSION</b>
Rater's Name <b>Lashie Hollis</b>	Rater's Title <b>Captain</b>	Fiscal Year <b>08</b>

**Program Purpose Statement**

THE PURPOSE OF THE BASIC FIRE/RESCUE/HAZARD RESPONSE PROGRAM IS TO PROVIDE FIRE SUPPRESSION AND RESCUE PRODUCTS TO THE CITIZENS AND VISITORS WITHIN OUR COMMUNITY SO THEY CAN HAVE FIRES CONFINED TO AREA OF INVOLVEMENT UPON ARRIVAL.

Supervisors are encouraged to ensure each employee understands the department's mission and the program(s) he/she works in.

#### A. Performance Measures and Major Job Responsibilities

Rate each employee either (1) Unacceptable; (2) Acceptable; (3) Commendable; or (4) Exemplary.

1. Firefighting and rescue operations.	2
2. General station and equipment maintenance.	2
3. Training and continuous education programs.	3
4. Relief apparatus driving and scene operations.	1
5. First responder medical activities (EMT's only).	2
<b>Average Rating</b>	<b>2</b>

**Supervisor's Comments**

Powers does a good job in on scene firefighting & medical calls. He is enrolled in fire science courses and is studying for his firefighter II tests. He also participates in hall & equipment maintenance duties.

#### B. Achieving Program Results: Expectations for All Employees

Rate each employee either (1) Unacceptable; (2) Acceptable; (3) Commendable; (4) Exemplary; or (NA) Not Applicable.

1. Accepts Change	2
2. Accepts Responsibility and Accountability	2
3. Constructive Use of Work Time	2
4. Customer Relations	2
5. Peer Relations/Teamwork	2
6. Communications	2
7. Initiative	2
8. Job-related Decision-making	2
9. Knowledge of Work	2
10. Planning/Organization	2
11. Quality of Work	2
12. Compliance with Safety	2
Cumulative total for employees with supervisory responsibilities	2
<b>Average Rating</b>	<b>2</b>

**Supervisor's Comments**

Powers shows good initiative and shows desire to learn his job better. He also has good peer relations and takes directions well. He makes good use of his time and makes good on the job decisions.

### C. Work Behavior Expectations

Employees are expected to comply with all Metro/Civil Service rules, policies, and procedures and all department rules and regulations, including attendance and observance of work hours.

- Compliance with Rules  Acceptable  Unacceptable\*
- Attendance  Acceptable  Unacceptable\*
- Observance of Work Hours  Acceptable  Unacceptable\*

\*A rating of Unacceptable for any of the above items requires the following:

Documentation of specific problem(s) and corrective and/or disciplinary actions taken.

Authorization of next level manager.

Signature \_\_\_\_\_

Authorization of departmental/Metro Human Resources office.

Signature \_\_\_\_\_

### Year-End Performance Review

#### Employee's Comments

This year has been a great learning experience. I am happy with my work and am looking forward to doing and learning more. It is always said it's not where you work, but with who, and I'm very happy and confident in the crew I'm with.

#### Supervisor's Comments

Powers is a good & committed employee. He shows desire to learn more about his job and seems to want to make the right on the job decisions. He is working on getting released to relief drive.

Average Rating from A and B combined 2

Conversation # 1 (see form) occurred on 10/20/09.  Development Plans (see form) were made and tracked.

This form acknowledges that my supervisor and I met and discussed this performance evaluation. My signature does not imply that I agree with these evaluation results.

7. Supervisor's/Rater's Signature Julio Adell Date 10/20/09  
 Reviewer's Signature Scott Adell Larry Johnson Date 10/20/09  
 Employee's Signature B-P- Date 10/20/09  
 Director's Signature [Signature] Date 11-25-09

#### Performance Rating Definitions

- (1) **Unacceptable:** A Performance Improvement Plan (PIP) will be initiated for any individual performance rating of Unacceptable.
  - Performance does not meet minimum acceptable standards, expectations, and requirements of the job, or is below what can be expected of average performance
  - Employee requires a high level of supervision or assistance to accomplish work results
  - Improvement is necessary to meet desired level of performance
- (2) **Acceptable**
  - Performance meets acceptable standards, expectations, and requirements
  - Performance contributes what is expected of a qualified, experienced employee performing in this position
  - Employee is expected to continue development of new knowledge, skills, or abilities
- (3) **Commendable**
  - Consistently meets standards and expectations, regularly exceeds them, and shows initiative in additional assignments
  - Successfully completes all responsibilities, even for projects that require versatile skills
  - Employee strives to grow professionally through development activities
- (4) **Exemplary**
  - Performance is noticeably exceptional; outstanding performance is clearly evident; performance is at a level that is a "stretch"
  - Performance shows exceptional initiative to plan and anticipate problems, and employee takes appropriate independent action
  - Performance requires little or no supervision to produce exceptional results
- (NA) **Not Applicable**
  - This rating can be used when the category does not apply to the employee's job duties or it may be too soon to rate the employee's performance in this category



Karl F. Dean  
Mayor



## METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

Human Resources Training Division  
1417 Murfreesboro Road  
Nashville, TN 37219-6300

### DIVERSITY AWARENESS ACKNOWLEDGMENT OF RECEIPT AND UNDERSTANDING

I hereby acknowledge that I have completed Diversity Awareness Training and received the Diversity Reference Document of the Metropolitan Government of Nashville and Davidson County as established by Executive Order #9 and practiced by the Metropolitan Government of Nashville. I understand that I must abide by this Executive Order #9 and that I am responsible for the resulting work environment.

I also understand that disregard for Executive Order #9 will subject me to disciplinary action, up to and including termination.

Department: FIRE Dept.

Name (Please print): Benjamin Powers

Employee Signature: B-P

Employee ID: 021-693 Date: 6-19-09

Instructor Signature: Edith K. Walker

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



Metropolitan Government of  
Nashville & Davidson County

### Performance Evaluation Form

Plan Start Date 05/16/08  
Plan End Date 11/16/08  
E-25-A D29

PS0301 P

Employee Name <b>POWERS, BENJAMIN</b>	Employee # <b>621693</b>	Title/Department <b>FIRE FIGHTER 1 SUPPRESSION</b>
Rater's Name <i>Walter Demanbrun</i>	Rater's Title <i>Dist. Ch.</i>	Fiscal Year <b>08</b>
Program Purpose Statement <b>THE PURPOSE OF THE BASIC FIRE/RESCUE/HAZARD RESPONSE PROGRAM IS TO PROVIDE FIRE SUPPRESSION AND RESCUE PRODUCTS TO THE CITIZENS AND VISITORS WITHIN OUR COMMUNITY SO THEY CAN HAVE FIRES CONFINED TO AREA OF INVOLVEMENT UPON ARRIVAL.</b>		

*Supervisors are encouraged to ensure each employee understands the department's mission and the program(s) he/she works in.*

#### A. Performance Measures and Major Job Responsibilities

Rate each employee either (1) Unacceptable; (2) Acceptable; (3) Commendable; or (4) Exemplary.

1. Firefighting and rescue operations.	3
2. General station and equipment maintenance.	2
3. Training and continuous education programs.	2
4. Relief apparatus driving and scene operations.	2
5. First responder medical activities (EMT's only).	2
<b>Average Rating</b>	<b>2.20</b>

Supervisor's Comments

#### B. Achieving Program Results: Expectations for All Employees

Rate each employee either (1) Unacceptable; (2) Acceptable; (3) Commendable; (4) Exemplary; or (NA) Not Applicable.

1. Accepts Change	<i>2</i>
2. Accepts Responsibility and Accountability	
3. Constructive Use of Work Time	
4. Customer Relations	
5. Peer Relations/Teamwork	
6. Communications	
7. Initiative	
8. Job-related Decision-making	
9. Knowledge of Work	
10. Planning/Organization	
11. Quality of Work	
12. Compliance with Safety	
Cumulative total for employees with supervisory responsibilities	<i>2</i>
<b>Average Rating</b>	<b>2.4</b>

Supervisor's Comments

### C. Work Behavior Expectations

Employees are expected to comply with all Metro/Civil Service rules, policies, and procedures and all department rules and regulations, including attendance and observance of work hours.

- |                            |  |  |
|----------------------------|--|--|
| • Compliance with Rules    | <input checked="" type="checkbox"/> Acceptable | <input type="checkbox"/> Unacceptable* |
| • Attendance               | <input checked="" type="checkbox"/> Acceptable | <input type="checkbox"/> Unacceptable* |
| • Observance of Work Hours | <input checked="" type="checkbox"/> Acceptable | <input type="checkbox"/> Unacceptable* |

\*A rating of Unacceptable for any of the above items requires the following:

- Documentation of specific problem(s) and corrective and/or disciplinary actions taken.
- Authorization of next level manager. Signature \_\_\_\_\_
- Authorization of departmental/Metro Human Resources office. Signature \_\_\_\_\_

### Year-End Performance Review

#### Employee's Comments

#### Supervisor's Comments

Average Rating from A and B combined 2.3

- Conversation # 1 (see form) occurred on \_\_\_\_\_  Development Plans (see form) were made and tracked.

This form acknowledges that my supervisor and I met and discussed this performance evaluation. My signature does not imply that I agree with these evaluation results.

Supervisor's/Rater's Signature Walter Damon Date 11/19/08

Reviewer's Signature Lee Berg Date 11/19/08

Employee's Signature B-P- Date 11/19/08

Director's Signature Stephen Halpern Date 11-19-08

#### Performance Rating Definitions

- (1) **Unacceptable:** A Performance Improvement Plan (PIP) will be initiated for any individual performance rating of Unacceptable.
    - Performance does not meet minimum acceptable standards, expectations, and requirements of the job, or is below what can be expected of average performance
    - Employee requires a high level of supervision or assistance to accomplish work results
    - Improvement is necessary to meet desired level of performance
  - (2) **Acceptable**
    - Performance meets acceptable standards, expectations, and requirements
    - Performance contributes what is expected of a qualified, experienced employee performing in this position
    - Employee is expected to continue development of new knowledge, skills, or abilities
  - (3) **Commendable**
    - Consistently meets standards and expectations, regularly exceeds them, and shows initiative in additional assignments
    - Successfully completes all responsibilities, even for projects that require versatile skills
    - Employee strives to grow professionally through development activities
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    - Performance is noticeably exceptional; outstanding performance is clearly evident; performance is at a level that is a "stretch"
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    - Performance requires little or no supervision to produce exceptional results
- (NA) **Not Applicable**
- This rating can be used when the category does not apply to the employee's job duties or it may be too soon to rate the employee's performance in this category



621693

**TENNESSEE.GOV**  
 Department of Health  
 Susan R. Cooper, MSN, RN, Commissioner

The Official Web Site of the State

**Licensure Verification**

**Search Results**

1			
1.	POWERS, BENJAMIN SETH	License Number: 33313	View:
		Status: Active	
		Original Date: 05/23/2007	
	Profession: Emergency Medical Personnel	Expiration Date: 07/31/2010	
	Rank: EMT - IV		

9/15/08  
in access  
of  
F.H. Ker



### Active Duty Absence Notification Letter

Date: 20080722

Name/Rank: Benjamin S. Powers / SSG

You will perform service with the United States Army Reserve beginning on 6 August 2008 and ending 9 October 2008. Your absence from work for this period of military service is protected by the Uniformed Services Employment and Reemployment Rights Act, Title 38, United States Code Sections 4301-33.

During your absence, you can be reached at:

**BENJAMIN S. POWERS, SSG**

**UNITED STATES ARMY DRILL SERGEANT SCHOOL, Fort Jackson, SC 29207.**

Please be advised that you may not be required to use vacation pay or time for military absence from your workplace, per Title 38, United States Code Section 4316(d), (if applicable).

If you have any questions about the provisions of the Uniformed Services Employment and Reemployment Rights Act, contact the National Committee for Employer Support of the Guard and Reserve (ESGR), toll free telephone number 1-800-336-4590 or visit their website: [www.esgr.org](http://www.esgr.org).

This will cover your Annual Training for TY 2009



**WILLIAM H. ERDMAN**  
SFC/1SG

621693

Karl F. Dean  
Mayor



**METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY**

Human Resources Training Division  
1417 Murfreesboro Road  
Nashville, TN 37219-6300

**SEXUAL HARASSMENT PREVENTION  
ACKNOWLEDGMENT OF RECEIPT AND UNDERSTANDING**

I hereby acknowledge that I have received a copy of Metropolitan Government's Sexual Harassment Prevention Training Guide and that it is the policy of the Metropolitan Government of Nashville and Davidson County not to discriminate against any individual or groups of individuals based on race, color, national origin, gender, religion, age, or disability. I further understand that the sexual harassment prevention policy is included in Metro Guidelines on Discrimination, and that sexual harassment is a form of prohibited discrimination. I have attended a training session at which the sexual harassment prevention policy was discussed, along with education and awareness training on what constitutes sexual harassment. I further understand that there is a complaint procedure that may be accessed by any employee who believes that he/she has been the victim of sexual harassment or any form of prohibited discriminatory action.

I have signed my name below as an indication that I understand the aforementioned policy and I will comply with the contents thereof as I carry out my duties as an employee of the Metropolitan Government of Nashville and Davidson County.

Department: FIRE

Name (Please print): Benjamin Seth Powers

Employee Signature: B-P-

Employee ID: 621693 Date: 2-29-08

Instructor Signature: Sharon Felton

Date: 2-29-08



# Metropolitan Government of Nashville & Davidson County

## INTERNET AND ELECTRONIC MAIL USE POLICY ACKNOWLEDGEMENT OF RECEIPT AND UNDERSTANDING

### AGREEMENT

I hereby agree that I have read the document entitled "The Metropolitan Government of Nashville and Davidson County Internet and Electronic Mail Use Policy," and certify that I am familiar with the contents of the document and agree to comply with its terms.

I also acknowledge my understanding that any infractions on my part may result in disciplinary action including, but not limited to, removal of e-mail services, removal of Internet services, suspension of access to computers and networks, suspension of employment, termination of employment, recommendation for prosecution.

Name:  
(please print)

Benjamin Seth Powers

Employee Signature:

B-P-

Department:

FIRE

Employee ID:

621693

Date:

2-29-08



## Employee Acknowledgment

My signature indicates my receipt and review of the following materials:

- Metro Employee handbook
- Civil Service Rules (department to provide if applicable)
- Departmental Rules (department to provide)
- Policies and Procedures (department to provide)
- Substance Abuse Policy Statement
- Ethics Policy and Internet/Email Policy
- Discrimination Policy
- Title VI Fact Sheet
- Employee Assistance Program brochure
- Flex-saving Plan Enrollment Form and Privacy Notice
- Life insurance information
- Initial notice of COBRA rights
- Medical insurance information:
  - BC/BS Preferred Provider and Privacy Notice
  - Cigna
- Dental insurance information:
  - Delta Dental Preferred (HMO plan)
  - Delta Dental Premier PPO (Traditional)
- Short-term disability and Long-term disability Information
- Vision insurance information

Additional information can be located on Metro's website: [www.nashville.gov](http://www.nashville.gov)

Employee Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_ Witness \_\_\_\_\_

♿ Requests for special accommodations should be directed to 862-6640.

New Employee Orientation – Revised 10/3/07



Karl F. Dean  
Mayor



**METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY**

Human Resources Training Division  
1417 Murfreesboro Road  
Nashville, TN 37219-6300

**SUBSTANCE ABUSE POLICY  
ACKNOWLEDGMENT OF RECEIPT AND UNDERSTANDING**

I hereby acknowledge that I have received the Substance Abuse Policy of the Metropolitan Government of Nashville and Davidson County as established by the Civil Service Commission and adopted as a policy of my department. I have attended a training session at which this policy was discussed, along with education on substance abuse awareness. I understand that I must abide by this policy and that I may be subject to drug and alcohol testing under the circumstances established in this policy.

I also understand that refusal to submit to testing, if ordered, will subject me to disciplinary action.

Department: Fire

Name (Please print): Benjamin Seth Powers

Employee Signature: B-P-

Employee ID: 621693 3999 Date: February 27, 2008

Instructor Signature: Stephen Cain

Date: February 27, 2008

Department of Homeland Security  
U.S. Citizenship and Immigration Services

**Form I-9, Employment  
Eligibility Verification**

Please read instructions carefully before completing this form. The instructions must be available during completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Verification.** To be completed and signed by employee at the time employment begins.

Print Name: Last <b>Powers</b>	First <b>Benjamin</b>	Middle Initial <b>S</b>	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
[Redacted]		[Redacted]	[Redacted]
City	State	Zip Code	Social Security #
[Redacted]	[Redacted]	[Redacted]	[Redacted]

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen or national of the United States
- A lawful permanent resident (Alien #) A \_\_\_\_\_
- An alien authorized to work until \_\_\_\_\_

(Alien # or Admission #)

Employee's Signature <b>M-P-</b>	Date (month/day/year)
-------------------------------------	-----------------------

**Preparer and/or Translator Certification.** (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	Date (month/day/year)

**Section 2. Employer Review and Verification.** To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

List A	OR	List B	AND	List C
Document title: _____		<b>Driver's License</b>		<b>Social Security</b>
Issuing authority: _____		<b>State of TN</b>		<b>Social Security Admin</b>
Document #: _____		[Redacted]		[Redacted]
Expiration Date (if any): _____		[Redacted]		[Redacted]
Document #: _____		[Redacted]		[Redacted]
Expiration Date (if any): _____		[Redacted]		[Redacted]

**CERTIFICATION** - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) **2/16/08** and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative <b>Michele P Smith</b>	Print Name <b>Michele P Smith</b>	Title <b>Admin Specialist</b>
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) <b>Nashville Fire Dept. 500 2nd Avenue North Nashville TN 37201</b>		Date (month/day/year) <b>2/1/08</b>

**Section 3. Updating and Reverification.** To be completed and signed by employer.

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
-----------------------------	--

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.

Document Title:	Document #:	Expiration Date (if any):
-----------------	-------------	---------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date (month/day/year)
--	-----------------------



**METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY EMPLOYMENT APPLICATION**



**METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY**  
 Human Resources Recruitment Center 222 Third Avenue North, Suite 158  
 Nashville, Tennessee 37201  
 615-862-6640  
[http://www.nashville.gov/hr\\_benefits/jobs/employment\\_center.htm](http://www.nashville.gov/hr_benefits/jobs/employment_center.htm)  
**powers, benjamin s**  
**C07 FIRE RECRUIT**

Received: 3/19/07 10:56 PM  
**For Official Use Only:**  
 QUAL: \_\_\_\_\_  
 DNQ: \_\_\_\_\_  
 Experience  
 Training  
 Other: \_\_\_\_\_

**PERSONAL INFORMATION**

<b>NAME:</b> (Last, First, Middle) powers, benjamin s		<b>SOCIAL SECURITY NUMBER:</b> [REDACTED]
<b>ADDRESS:</b> (Street, City, State, Zip Code) [REDACTED]		
<b>HOME PHONE:</b> [REDACTED]	<b>ALTERNATE PHONE:</b> [REDACTED]	<b>EMAIL ADDRESS:</b> [REDACTED]
<b>DRIVER'S LICENSE:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>DRIVER'S LICENSE NUMBER:</b> State: OH Number: sc322324	<b>LEGAL RIGHT TO WORK IN THE UNITED STATES?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**PREFERENCES**

<b>PREFERRED SALARY:</b> \$2,000.00 per hour; \$32,000.00 per year	<b>ARE YOU WILLING TO RELOCATE?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe
<b>WHAT TYPE OF JOB ARE YOU LOOKING FOR?</b> Regular	
<b>TYPES OF WORK YOU WILL ACCEPT:</b> Full Time	
<b>SHIFTS YOU WILL ACCEPT:</b> On Call (as needed)	

**EDUCATION**

<b>DATES:</b> From: 8/1997 To: 5/2002	<b>SCHOOL NAME:</b> east knox
<b>LOCATION:</b> (City, State) mt. vernon, Ohio	<b>DID YOU GRADUATE?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>DEGREE RECEIVED:</b> High School Diploma	

**WORK EXPERIENCE**

<b>DATES:</b> From: 11/2006 To: Present	<b>EMPLOYER:</b> army reserve	<b>POSITION TITLE:</b> drill prep
<b>ADDRESS:</b> (Street, City, State, Zip Code) owensboro, Kentucky		
<b>COMPANY URL:</b>	<b>PHONE NUMBER:</b>	<b>SUPERVISOR:</b> 1st sgt prude- 1st sgt
<b>HOURS PER WEEK:</b> 5	<b>SALARY:</b> \$200.00/month	<b>MAY WE CONTACT THIS EMPLOYER?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>DUTIES:</b> I am currently getting ready to go to warrior leaders course and drill sgt school.		
<b>REASON FOR LEAVING:</b>		

<b>DATES:</b> From: 10/2002 To: 11/2006	<b>EMPLOYER:</b> army	<b>POSITION TITLE:</b> team leader
<b>ADDRESS:</b> (Street, City, State, Zip Code) ft. cambell, Kentucky 42223		
<b>COMPANY URL:</b>	<b>PHONE NUMBER:</b> (270) 798-3312	<b>SUPERVISOR:</b> SFC KENNETH HILL- Platoon Sgt
<b>HOURS PER WEEK:</b> 40	<b>SALARY:</b> \$4.00/month	<b>MAY WE CONTACT THIS EMPLOYER?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>DUTIES:</b>		

Lead and train 4 me for combat keep upm the the pt standards for myself and team. Meet or take care of any personal or financial problems for team

**REASON FOR LEAVING:**  
my enlistment was up

**CERTIFICATES AND LICENSES**

**TYPE:**  
**LICENSE NUMBER:** **ISSUING AGENCY:**

**SKILLS**

**OFFICE SKILLS:**  
Typing:  
Data Entry:  
**OTHER SKILLS:**  
**LANGUAGE(S):**

**ADDITIONAL INFORMATION**

**Military Service**  
I was in the army stationed at ft.campbell for 4 years I served two years in Iraq I got out at the rank of sgt in nov of 06

**REFERENCES**

**REFERENCE TYPE:** Personal **NAME:** [REDACTED] **POSITION:** metro firefighter  
**ADDRESS:** (Street, City, State, Zip Code) [REDACTED]  
**EMAIL ADDRESS:** [REDACTED] **PHONE NUMBER:** [REDACTED]

**REFERENCE TYPE:** Personal **NAME:** [REDACTED] **POSITION:** police officer  
**ADDRESS:** (Street, City, State, Zip Code) [REDACTED]  
**EMAIL ADDRESS:** [REDACTED] **PHONE NUMBER:** [REDACTED]

**Agency Wide Supplemental Questions**

1. Are you a Metro Government employee?  
No
2. If you are a Metro Government employee, select the box that best describes your status.
3. Driver's License: Do you have a valid driver's license?  
Yes
4. Have you ever had your driver's license suspended or revoked? NOTE: Failure to have a driver's license will not always be considered grounds for disqualification, but will be weighed relative to the position sought.  
No
5. List any profession you are licensed or certified to practice, giving the type of license, number, expiration date and state the license was issued:
6. Are you claiming Veteran's Preference for military service? If yes, the Long Form DD214 with "HONORABLE" discharge must be provided.  
Yes
7. Have you ever been convicted for violation of the law other than minor traffic offenses? If yes, state the nature of the offense(s), city, state, and disposition. NOTE: A conviction record will not always be considered grounds for disqualification, but will be weighed relative to the position being sought.  
No
8. If you answered "yes" to the previous question, use this area to explain.
- 9.



**Have you ever been discharged or forced to resign from employment? NOTE: Do not include business closures or general layoffs.**

No

**10. If you answered "yes" to the previous question, use this area to explain.**

**11. May we contact your present employer?**

Yes



**Job Specific Supplemental Questions**

1. **1. Are you a U. S. citizen?**  
Yes
2. **2. Are you now or will you be at least 21 years of age by June 13, 2007? \*Note: A U.S. Birth Certificate or Naturalization Certificate will be required of candidates selected.**  
Yes
3. **3. Do you have a felony conviction?**  
No
4. **4. Do you have a valid "operator" or higher Driver's License?**  
Yes
5. **5. Are you a licensed EMT or Paramedic?**  
No
6. **6. Do you live within a 250 mile radius of Nashville, Tennessee?**  
Yes
7. **7. Do you have a High School diploma or a state issued G.E.D.?**  
Yes