

Fire Department

An Equal Opportunity Employer

Please Print or Write Legibly in Ink or Type

APPLICATION FOR EMPLOYMENT

Fill in All Blanks Completely

<b>1. POSITION APPLIED FOR FIREFIGHTER</b>					
2. NAME (LAST)		First	Middle	3. PHONE Home:	
4. ADDRESS (Street)		(City)	(State)	(Zip)	Cell:
5. Are you over 18 years of age?				Yes	No
6. Have you filed an application here before? If yes, give a date				Yes	No
7. Have you ever been employed here before? If yes, give a date				Yes	No
8. Are you employed now?		Yes	No	May we contact your present employer?	
9. Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (Proof of citizenship or immigration status may be required upon employment.)				Yes	No
10. On what date would you be available for work?					
11. This position requires you to be able to respond with little notice, are you able to respond of the following times?		Days	Nights	Weekends/ Holidays	Anytime
12. Are you on a lay-off and subject to recall?				Yes	No
13. Have you been convicted of a felony within the past 7 years? (Conviction will not necessarily disqualify applicant from employment.)				Yes	No
If yes, please explain					
14. Veteran of the U.S. Military service? If yes, Branch				Yes	No
<b>EDUCATION</b>				<b>Graduate / Professional</b>	
School Name:					
Years Completed: (Circle)				1	2 3 4
Diploma/Degree:					
Describe Course of Study, Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities:					
Honors Received:					

**EMPLOYMENT EXPERIENCE** (Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin.)

<b>EMPLOYER:</b>	<b>ADDRESS:</b>	<b>TELEPHONE:</b>	<b>JOB TITLE:</b>
Dates Employed: From _____ To _____	Hourly Rate: _____	Supervisor: _____	
Reason for Leaving	_____		
Work Performed	_____		

<b>EMPLOYER:</b>	<b>ADDRESS:</b>	<b>TELEPHONE:</b>	<b>JOB TITLE:</b>
Dates Employed: From _____ To _____	Hourly Rate: _____	Supervisor: _____	
Reason for Leaving	_____		
Work Performed	_____		

<b>EMPLOYER:</b>	<b>ADDRESS:</b>	<b>TELEPHONE:</b>	<b>JOB TITLE:</b>
Dates Employed: From _____ To _____	Hourly Rate: _____	Supervisor: _____	
Reason for Leaving	_____		
Work Performed	_____		

**15. FIRE FIGHTING & EMERGENCY MEDICAL SERVICE EXPERIENCE:** List previous fire organization membership and fire fighting training with inclusive dates:

<b>DEPARTMENT</b>	<b>ADDRESS</b>	<b>TELEPHONE</b>	<b>JOB TITLE</b>
Dates Employed: From _____ To _____	Hourly Rate: _____	Supervisor: _____	
Reason for Leaving	_____		
Work Performed	_____		
Certifications:	_____		

<b>DEPARTMENT</b>	<b>ADDRESS</b>	<b>TELEPHONE</b>	<b>JOB TITLE</b>
Dates Employed: From _____ To _____	Hourly Rate: _____	Supervisor: _____	
Reason for Leaving	_____		
Work Performed	_____		
Certifications:	_____		

**Applicant's Statement**

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. It is my responsibility to keep the personnel department advised about any changes of address and telephone number.

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