

Bethany Beach Volunteer Fire Company

P.O. Box 950

Bethany Beach, DE 19930

302-539-7700

EMPLOYMENT APPLICATION

Last name	First name	Maiden name	Date
Address and years there			Home telephone ()
Previous address and years there			
Email Address:			Business telephone ()
Position desired: FF/EMT _____ EMS Chief _____			
Are you applying for: Full-time _____ Part-time _____			Cell # ()
Are you legally eligible for employment in the United States? Yes _____ No _____			Social Security #
Have you ever been convicted of a felony or misdemeanor? Yes _____ No _____ If, yes explain _____			Driver's license #
Referred by:			

YOU MUST ATTACH COPY OF DRIVER'S LICENSE & SOC. SEC. CARD

EDUCATION

	Name and location	Course of study	Years	Graduate	Degree/diploma
High school				Yes/no	
College				Yes/no	
Trade/tech				Yes/no	

PREVIOUS EMPLOYMENT

Employer/address	Supervisor name & phone #	Dates	Position/# supervised	Final salary	Reason for leaving

PREVIOUS FIRE & EMS WORK EXPERIENCE

EMS/fire service & address	Positions held	Duties	Years

FIRE & EMS TRAINING & CERTIFICATION

Training & certification	Where taken	Dates	Certificate/license # & expiration date
Basic firefighting			
Structural firefighting			
Hazmat			
Vehicle rescue			
Crew leader			
Fire officer I			
Fire officer II			
EMT-B			
NREMT			
EVO			
AED			
CPR			

YOU MUST ATTACH PROOF OF ALL TRAINING

PERSONAL REFERENCES

Name	Phone number	Relationship	Years known

PROFESSIONAL REFERENCES

Name	Phone number	Relationship	Years known

Applicants may attach addition pages expanding, explaining or clarifying the information provided above and on the mandatory attachments.

Authorization: I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed; falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I understand that I must submit to a pre-employment and random drug and alcohol screening and failure to successfully pass such test will result in automatic rejection of my application and/or termination of my employment.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

Date _____ Signature _____ Printed name _____

Date _____ Witness _____ Printed name _____

**AUTHORIZATION FOR RELEASE
OF INFORMATION FOR EMPLOYMENT PURPOSES**

I hereby authorize Bethany Beach Volunteer Fire Company, Inc. and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment purposes.

I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas

Verification of social security number, current and previous residences, employment history including all personnel files, education, character references, credit history and reports, criminal history records from any criminal justice agency in any or all federal, state and county jurisdictions, birth records, motor vehicle records to include traffic citations and registrations, and any other public records.

I authorize the complete release of these records or data pertaining to me which an individual company, firm, corporation, or public agency may have. I understand that I must provide my date of birth to adequately complete said screening, and acknowledge that my date of birth will not affect any hiring decisions.

I hereby release *Bethany Beach Volunteer Fire Company, Inc.* and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may at any time, result to me, my heirs, family or associates because of compliance with this authorization and request to release. You may contact me as below.

I understand this authorization automatically expires 90 days from the date executed below and that I have the right to revoke the authorization at any time provided I do so in writing.

Print Name _____

(First)

(Middle)

(Last)

Date of Birth _____ **Social Security** _____

Street Address _____

City, State, Zip Code _____

County and State of Residence for the majority of the last seven years _____

Drivers License Number _____ **State of Issue** _____

Signature _____ **Date** _____