

# Frankford Volunteer Fire Company

## *Application for Employment*

<b>Please type or print in black ink</b>		Social Security Number	Date
Name- Last	First	Middle	
Present Address - Street		Telephone	
City	State	Zip Code	
Previous Address – Street			
City	State	Zip Code	
Are you a United States Citizen?		Are you over 18 years of age?	
If you are not an U.S. Citizen, what documents can you provide to verify that you are eligible for employment?			

Driver License – State	Type / Class	Number	Expiration
Have you had a traffic offense, other than parking citation, in the past 5 years?			
Has your driver’s license ever been revoked or suspended?			
If yes to either question, please explain cause, date(s) and state			
Note: Failure to disclose may be cause for rejection of application or termination of employment.			
Have you ever been convicted of a felony or a Class A Misdemeanor?			
If yes, please identify type, offense, date, and location			
Note Failure to disclose may be cause for rejection of application or termination of employment			

<b>Education</b>	Dates		Graduated Yes / No	Degree
	From	To		
High School				
Address				
College				
Address				
Other Education and / or Training (inc additional college)				

<b>Military Service</b>	Dates		Discharge Type	Type
	From	To		
Branch				
Rank				
Specialized Training and / or assignments				

<b>Volunteer Fire/Amb Service</b>	Dates		Offices Held	Reason for Leaving
	From	To		
Company				
Address				
Company				
Address				
Fire Training and / or Delaware State Fire School courses complete and dates. Transcript may be requested.				

### **Employment History (begin with current or last employer)**

Company Name		May we contact	
Address – Street			
City		State	Zip Code
Date Started	Date Ended	Positions Held	
Present or Last Supervisor		Telephone Number	
Reason for leaving?			
Company Name		May we contact	
Address – Street			
City		State	Zip Code
Date Started	Date Ended	Positions Held	
Present or Last Supervisor		Telephone Number	
Reason for Leaving?			
Company Name		May we contact	
Address – Street			
City		State	Zip Code
Date Started	Date Ended	Positions Held	
Present or Last Supervisor		Telephone Number	
Reason for Leaving?			
Company Name		May we contact	
Address – Street			
City		State	Zip Code
Date Started	Date Ended	Positions Held	
Present or Last Supervisor		Telephone Number	
Reason for Leaving?			

<b>References (Do not include relatives or employers)</b>		
Name		Years Known
Address – Street		Telephone
City	State	Zip Code
Name		Years Known
Address – Street		Telephone
City	State	Zip Code
Name		Years Known
Address – Street		Telephone
City	State	Zip Code

*Please read the following statements carefully.*

I authorize the Frankford Fire Company to request a transcript or other report of any record pertaining to me from any law enforcement agency, school, service, business, physician, individual and / or association. This information will be used to assist the Frankford Fire Company in evaluation of my character and qualifications.

I authorize Frankford Fire Company to investigate all statements in my application and to contact previous employers and references. I understand that false, misleading and / or omission of information may be sufficient cause for termination of consideration or for dismissal if already employed. If accepted as an employee of the Frankford Fire Company, I agree to abide by the existing Company By-Laws, Standard Operating Procedures, rules and regulations and those By-Laws, Standard Operating Procedures, rules and regulations which may become effective while I am an employee of the company.

*Please sign below indicating your acceptance of these conditions.*

Applicant Signature	Date
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