

Education:

HIGH SCHOOL

Name _____ City, State _____

Dates Attended: _____ Graduate? yes no Degree: _____

COLLEGE / UNIVERSITY

Name _____ City, State _____

Dates Attended: _____ Graduate? yes no Degree: _____

Other Education and/or Training?

COLLEGE / UNIVERSITY

Name _____ City, State _____

Dates Attended: _____ Graduate? yes no Degree: _____

Other Education and/or Training?

MILITARY SERVICE

Branch _____ Rank _____

Dates in Service: _____ Type: _____

Specialized training and/or assignments?

VOLUNTEER FIRE SERVICE

Company _____ Address: _____

Dates: _____ Highest Office Achieved: _____

Reason for Leaving: _____

Company _____ Address: _____

Dates: _____ Highest Office Achieved: _____

Reason for Leaving: _____

List applicable fire training and/or Delaware State Fire School courses completed (attach additional pages if needed as well as your DSFS transcript):

List all apparatus you are cleared to drive (i.e., all station XX fire apparatus, XX engine & rescue, ambulance, etc.):

Employment: *List all of your previous employment, including full, temporary and part-time employment. Begin with current or most recent employment and use additional sheets if necessary.*

[Note: Failure to disclose may be cause for rejection of application or termination or employment.]

Company Name: _____ May We Contact? yes no
Address - Street: _____ Telephone Number: _____
City: _____ State: _____ Zip Code: _____
Start Date: _____ End Date: _____ Position(s) Held: _____
Present or Last Supervisor: _____ Telephone Number: _____
Reason for Leaving: _____

Company Name: _____ May We Contact? yes no
Address - Street: _____ Telephone Number: _____
City: _____ State: _____ Zip Code: _____
Start Date: _____ End Date: _____ Position(s) Held: _____
Present or Last Supervisor: _____ Telephone Number: _____
Reason for Leaving: _____

Company Name: _____ May We Contact? yes no
Address - Street: _____ Telephone Number: _____
City: _____ State: _____ Zip Code: _____
Start Date: _____ End Date: _____ Position(s) Held: _____
Present or Last Supervisor: _____ Telephone Number: _____
Reason for Leaving: _____

Company Name: _____ May We Contact? yes no
Address - Street: _____ Telephone Number: _____
City: _____ State: _____ Zip Code: _____
Start Date: _____ End Date: _____ Position(s) Held: _____
Present or Last Supervisor: _____ Telephone Number: _____
Reason for Leaving: _____

Company Name: _____ May We Contact? yes no
Address - Street: _____ Telephone Number: _____
City: _____ State: _____ Zip Code: _____
Start Date: _____ End Date: _____ Position(s) Held: _____
Present or Last Supervisor: _____ Telephone Number: _____
Reason for Leaving: _____

Company Name: _____ May We Contact? yes no
Address - Street: _____ Telephone Number: _____
City: _____ State: _____ Zip Code: _____
Start Date: _____ End Date: _____ Position(s) Held: _____
Present or Last Supervisor: _____ Telephone Number: _____
Reason for Leaving: _____

Company Name: _____ May We Contact? yes no
Address - Street: _____ Telephone Number: _____
City: _____ State: _____ Zip Code: _____
Start Date: _____ End Date: _____ Position(s) Held: _____
Present or Last Supervisor: _____ Telephone Number: _____
Reason for Leaving: _____

Company Name: _____ May We Contact? yes no
Address - Street: _____ Telephone Number: _____
City: _____ State: _____ Zip Code: _____
Start Date: _____ End Date: _____ Position(s) Held: _____
Present or Last Supervisor: _____ Telephone Number: _____
Reason for Leaving: _____

Company Name: _____ May We Contact? yes no
Address - Street: _____ Telephone Number: _____
City: _____ State: _____ Zip Code: _____
Start Date: _____ End Date: _____ Position(s) Held: _____
Present or Last Supervisor: _____ Telephone Number: _____
Reason for Leaving: _____

Company Name: _____ May We Contact? yes no
Address - Street: _____ Telephone Number: _____
City: _____ State: _____ Zip Code: _____
Start Date: _____ End Date: _____ Position(s) Held: _____
Present or Last Supervisor: _____ Telephone Number: _____
Reason for Leaving: _____

Do you have any relatives or friends employed by or members of Mill Creek Fire Company? yes no
If yes, please list name(s) and relationship:

Character & Personal References: *(Do not include relatives or employers)*

1. Name: _____ Years Known: _____
Address - Street: _____ Telephone Number: _____
City: _____ State: _____ Zip Code: _____

2. Name: _____ Years Known: _____
Address - Street: _____ Telephone Number: _____
City: _____ State: _____ Zip Code: _____

3. Name: _____ Years Known: _____
Address - Street: _____ Telephone Number: _____
City: _____ State: _____ Zip Code: _____

Please list professional and community memberships, honors, offices held, extracurricular activities, hobbies and interests (omit those which indicate race, color, religion, sex, age, sexual orientation or national origin)

Skills:

Are you a Nationally Registered Emergency Medical Technician and Delaware EMT? yes no

List current level and date of certification/expiration for NR-EMT, DE-EMT, CPR/AED: _____

Please list any fire/emergency medical services vehicles you have operated:

Can you operate a personal computer and tablet? yes no

If yes, indicated software experience and type(s) you have operated?

Please list any other skills that would contribute to your employment with the company.

Please describe any additional experience related to the job for which you are applying.

Acknowledgments: Please sign below indicating your acceptance of these conditions.

I, _____ (print your name) authorize Mill Creek 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 Mill Creek Fire Company in evaluation of character and qualifications.

If education or employment records are under any name other than the above, please indicate.

I authorize Mill Creek Fire Company to request a high school and/or college transcript. The transcript is listed under:

_____, who last attended in _____

(Name, if different from above)

I certify that if I am male, born after January 1st, 1960, I have registered for Selective Service if required to register. I understand that I may be required to document registration.

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

I understand that an offer for employment may be conditional upon the following;

- A complete and certified copy of my driving record to be obtained from the Delaware Department of Motor Vehicles and/or the Department of Motor Vehicles in the state of license issuance.
- A complete and certified criminal background check to be obtained from the Delaware State Police or other reporting agency as determined by the company.
- Proof of course completion as outlined in the job description.

I agree to submit to application, incident based and random drug testing at the request of the Company without prior notice. I agree to submit a pre-employment and annual physical as a condition of my employment. I understand this testing will be performed at a facility chosen by the Company at the Company's expense.

I understand that if I am employed by the Mill Creek Fire Company, the Company shall require verification of identity.

The information contained in this application and attachments are true and accurate to the best of my knowledge. I understand that misrepresentation, inaccurate or incomplete information or any act to mislead may be grounds for dismissal of the application or termination of employment.

Delaware is an Employment At Will state and Mill Creek Fire Company reserves the right to act accordingly in regard to termination. I understand this application is not an offer of employment. Any offer for employment is based on the "At Will" laws and is not a contract or guarantee of employment for any period. If hired, I understand that the Mill Creek Fire Company or I may end my employment at any time, for any reason, with or without notice.

Mill Creek Fire Company is an equal opportunity employer in compliance with state and federal laws. The Company will not discriminate based on race, color, religion, sex, age, sexual orientation or national origin.

Applicant Name: _____ (please print)

Applicant Signature: _____ Date: _____