Application for Employment Talleyville Fire Company

First Middle Last			_
Present Address - Street:			
City:	State:	Zip:	
Telephone #	SSN:	Email:	
		o your present address (use additional	
necessary)			
Previous Address - Street:			
City:	State:	Zip:	
Previous Address - Street:			
		Zip:	
Previous Address - Street:			
		Zip:	
Previous Address - Street:	Chahai	7:	
		Zip:	
City:	State:	Zip:	
		ver 21 years of age? □ yes □ no	
		provide to verify that you are eligible f	or
		Salary Expected:	
When are you available?		-	
Driver's License:			
	о С		
State Number Expiration Clas	3		
State Number Expiration Clas Have you had a traffic offense		ation, in the past 5 years? \square yes \square no	
Have you had a traffic offense	, other than a parking cit	ation, in the past 5 years? \square yes \square no led? \square yes \square no	
Have you had a traffic offense Has your driver's license ever	, other than a parking citabeen revoked or suspend		s if

Have you ever been convicted of a felony or Class A Misdemeanor? □ yes □ no
If you said yes, please identify type, offense, date and location. (use additional sheets if necessary)
[Note: Failure to disclose may be cause for rejection of application or termination or employment.]

Talleyville Fire Company is an equal opportunity employer. The Company offers equal employment opportunities for all, regardless of race, color, religion, sex, age, sexual orientation or national origin.

Education: HIGH SCHOOL	
	City, State
Dates Attended:	
COLLEGE / UNIVERSITY	
Name	City, State
	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:	Rank Type:
Specialized training and/or assignm	
VOLUNTEER FIRE SERVICE	
Company	Address:
	hest Office Achieved:
Reason for Leaving:	
Company	Address:
=	hest Office Achieved:
Reason for Leaving: List applicable fire training and/or I pages if needed as well as your DSI	Delaware State Fire School courses completed (attach additional
List all apparatus you are cleared to ambulance, etc.):	o drive (i.e., all station XX fire apparatus, XX engine & rescue,

			nt, including full, temporary and part-time aployment and use additional sheets if necessary	
			on of application or termination or employment	
			May We Contact? □ yes □ no	
Address - Street:			Telephone Number:	
			Zip Code:	
Start Date:	End Date:		Position(s) Held:	
			Telephone Number:	
Reason for Leaving:				
			May Wa Contact?	
			May We Contact? □ yes □ no	
			Telephone Number:	
City	End Data:	State:	Zip Code: Position(s) Held:	
Present or Last Supervis Reason for Leaving:	501.		Telephone Number:	
			May We Contact? □ yes □ no	
			Telephone Number:	
City:		State:	Zip Code:	
Start Date:	End Date: _		Position(s) Held:	
			Telephone Number:	
Reason for Leaving:			-	
			May We Contact? □ yes □ no	
			Nay we contact: \(\text{ yes} \) no \\ Telephone Number: \(\)	
City·		State:	Zip Code:	
Start Date:	End Date:	5	Position(s) Held:	
			Telephone Number:	
ъ ст.			receptions i tumberi	
			May Wa Contact?	
			May We Contact? □ yes □ no	
			Telephone Number:	
City Start Data:	End Data:	State:	Zip Code: Position(s) Held:	
riesem of Last Supervis	501.		Telephone Number:	

Company Name:		May We Contact? □ yes □ no	
Address - Street:		Telephone Number:	
City:	State:	Zip Code:	
Start Date: End Date:		Position(s) Held:	
		Telephone Number:	
Reason for Leaving:			
		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:			
		M W C 4 49	
		May We Contact? □ yes □ no	
		Telephone Number:	
		Zip Code:	
		Position(s) Held:	
=		Telephone Number:	
Reason for Leaving:			
± •		May We Contact? □ yes □ no	
		Telephone Number:	
City:	State:	Zip Code:	
		Position(s) Held:	
<u>-</u>		Telephone Number:	
Reason for Leaving:			
		May We Contact? □ ves □ no	
		May We Contact? □ yes □ no Telephone Number:	
City	Stata	Zin Code:	
Start Data: End Data:	State	Zip Code: Zip Code:	
Drasent or Last Supervisors		Talanhana Numbar	
		Telephone Number:	
Reason for Leaving:			

	onship:	
Character & Personal References	: (Do not include relatives or	employers)
1. Name:		= -
Address - Street:	Tel	ephone Number:
Address - Street:City:		
2. Name:		Years Known:
Address - Street:	Tel	ephone Number:
City:	State:	Zip Code:
3. Name:		Years Known:
Address - Street:	Tel	ephone Number:
City:Please list professional and commun	State:	Zip Code:
Are you a Nationally Registered Em		
Are you a Nationally Registered Em List current level and date of certific	cation/expiration for NR-EM	Г, DE-EMT, CPR/AED:
Skills: Are you a Nationally Registered Em List current level and date of certific Please list any fire/emergency medic Can you operate a personal compute If yes, indicated software experience	cation/expiration for NR-EM'	r, DE-EMT, CPR/AED:e operated:
Are you a Nationally Registered Em List current level and date of certific Please list any fire/emergency media Can you operate a personal compute	cation/expiration for NR-EM'	Г, DE-EMT, CPR/AED:e operated:
Are you a Nationally Registered Em List current level and date of certific Please list any fire/emergency medic Can you operate a personal compute If yes, indicated software experience	cation/expiration for NR-EM' cal services vehicles you have er and tablet? yes no e and type(s) you have operate	r, DE-EMT, CPR/AED:e operated:e
Are you a Nationally Registered Em List current level and date of certific Please list any fire/emergency media Can you operate a personal compute	cation/expiration for NR-EM' cal services vehicles you have er and tablet? yes no e and type(s) you have operate	r, DE-EMT, CPR/AED:e operated:e

Acknowledgments: Please sign below indicating your acceptance of these conditions.	
I, (print your name) authorize Talleyville Fire Company to request a transcript or other report of any record pertaining to	
authorize Talleyville 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	n.
This information will be used to assist Talleyville Fire Company in evaluation of character and	
qualifications.	
If education or employment records are under any name other than the above, please indicate.	nt id
I authorize Talleyville Fire Company to request a high school and/or college transcript. The transcript listed under:	pt is
, 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 Talleyville 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 Talleyville Fire Company, I agree to abide b	V
the existing Company By-Laws, Standard Operating Procedures, rules and regulations and those tha	•
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 	nt
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 Pol or other reporting agency as determined by the company.	ice
 Proof of course completion as outlined in the job description. 	
- 1 roof 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 Compa without prior notice. I agree to submit a pre-employment and annual physical as a condition of my	ıny
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 Talleyville 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	1 7
knowledge. I understand that misrepresentation, inaccurate or incomplete information or any act to	y
mislead may be grounds for dismissal of the application or termination of employment.	
Delaware is an Employment at Will State and Talleyville Fire Company reserves the right to act	
accordingly in regard to termination. I understand this application is not an offer of employment. An	ıy
offer for employment is based on the "At Will" laws and is not a contract or guarantee of employme	
for any period. If hired, I understand that the Talleyville Fire Company or I may end my employment	it at
any time, for any reason, with or without notice.	
Talleyville Fire Company is an equal opportunity employer in compliance with state and federal law	VS.
The Company will not discriminate based on race, color, religion, sex, age, sexual orientation or	
national origin.	
Applicant Name: (please print)	
Applicant Signature: Date:	