### AULT-PIERCE FIRE DEPARTMENT

### APPLICATION FOR EMPLOYMENT

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| **PERSONAL INFORMATION** | |
| Name: (Last, Middle, First) | Date of Birth: |
| Address: (Street, City) | Social Security Number: |
|  | Subdivision: |
| Home #: | Cell/pager #: |
| Work #: | Email Address: |

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| Race: (optional) | Gender: | Weight: | Height: |
| Hair: | Eyes: | Scars: | |

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| Drivers License #: | State: | Type/Class: |
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| **EMERGENCY CONTACT INFORMATION** (in case of accident and/or injury) | |
| Name: | Relationship: |
| Address: | Work Phone: |
| Street, City, State, Zip: | Home Phone: |
| Doctor Name: | Doctor Phone: |

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| FIRE FIGHTING & EMERGENCY MEDICAL SERVICE EXPERIENCE List previous **fire organization** membership and **firefighting** training with inclusive dates: | |
| Organization: | How Long: |
| Address: | Supervisor: |
| Date you entered: | Supervisor’s Telephone: |
| Date you left: | |
| Reason you left: | |
| Rank or Positions Held: | |
| Organization: | How Long: |
| Address: | Supervisor: |
| Date you entered: | Supervisor’s Telephone: |
| Date you left: | |
| Reason you left: | |
| Rank or Positions Held: | |
| Organization: | How Long: |
| Address: | Supervisor: |
| Date you entered: | Supervisor’s Telephone: |
| Date you left: | |
| Reason you left: | |
| Rank or Positions Held: | |

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| List previous **Emergency Medical Service & Fire** training with inclusive dates (list highest level of training, expiration date of certification and organization): |
| #1: |
| #2: |
| #3: |

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| List any or all other volunteer organizations you are or have been a member (NAME and LOCATION): |
| #1: |
| #2: |
| #3: |
| #4: |

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| Please tell us briefly why you would like to become a member of the Ault-Pierce Volunteer Fire Department. |
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| **EMPLOYMENT HISTORY**  List below all previous employers in last 5 years starting with most current:(use additional paper if necessary) | | | |
| Current Employer: | | How long: | |
| Address: | | Position Held: | |
| City, State, Zip: | | Supervisor: | |
| Business Telephone: | | Supervisor’s Telephone: | |
| Employer: | How long: | |
| Address: | Position Held: | |
| City, State, Zip: | Supervisor: | |
|  | Supervisor’s Telephone: | |

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| **REFERENCES**  Please list **three** character references | |
| Name: | Occupation: |
| Address: | Work Phone: |
| City, State, Zip: | Home Phone: |
| Interviewer's Notes: | |
| Name: | Occupation: |
| Address: | Work Phone: |
| City, State, Zip: | Home Phone: |
| Interviewer's Notes: | |
| Name: | Occupation: |
| Address: | Work Phone: |
| City, State, Zip: | Home Phone: |
| Interviewer's Notes: | |

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| **CRIMINAL HISTORY** | |
| Within the last three years have you been convicted of a Felony or Misdemeanor including moving traffic violations? | |
| YES | NO |

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| Do you have a Felony or Misdemeanor Case (including moving traffic violation) pending? | |
| YES | NO |

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| Have you ever forfeited a bond? | |
| YES | NO |

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| If YES to the criminal history questions, explain in detail below (use additional sheet of paper of needed) |
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| MEDICAL HISTORY Have you ever been diagnosed as, or been treated for having any of the following? | |
| Diabetes | Cardiovascular Problems (Heart Disease) |
| Emphysema | Cerebrovascular Accident (Stroke) |
| Tuberculosis | Hypoglycemia (Low Blood Sugar) |
| Epilepsy | Eyesight Defects       Corrected? |
| Cerebral Palsy | Hearing Defects       Corrected? |
| Nervous Disorders | Lifting Restrictions |

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| Do you have a physical or mental disorder which may impair your ability as a fire fighter or first responder? |

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| If YES to any of these questions, explain in detail (use additional paper if needed). |

Please read and sign:

I,       hereby make application for membership in the Ault-Pierce Volunteer Fire Department.

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| I HEREBY AFFIRM THAT ALL THE FOREGOING STATEMENTS ON THIS APPLICATION ARE TRUE AND CORRECT. IT IS UNDERSTOOD THAT A FALSE STATEMENT ON THIS APPLICATION MAY BE CONSIDERED AS SUFFICIENT CAUSE FOR REJECTION OR, IF APPLICATION IS APPROVED, DISMISSAL FROM THE AULT-PIERCE VOLUNTEER FIRE DEPARTMENT.  SIGNATURE OF APPLICANT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **FOR DEPARTMENT USE ONLY** | |
| Date Application Received: |  |
| Application Received By: |  |
| Department Interviewer: |  |
| Background Check Conducted: |  |
| Background Check Results / Date: |  |
| Police Record: |  |
| References Checked By: |  |

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| Date Presented to Executive Board: |  |
| Executive Board Decision: |  |

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| Date Presented to Membership: |  |
| Membership Decision: |  |

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| Date up for Regular Status: |  |
| Regular Status Vote: |  |