

ATLAS TOWNSHIP FIRE DEPARTMENT

Application for Employment



APPLICANT INFORMATION

Last Name		First		M.I.		Date		
Street Address				Apartment/Unit #				
City			Township		State		Zip	
Phone			E-mail					
Cell			SSN		Date Available			
Have you ever been convicted of a felony?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If yes, explain			
Have you had any serious illness (i.e. heart attack, back, etc.)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				

EDUCATION

High School								
From	To	Did you graduate?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Degree	
College								
From	To	Did you graduate?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Degree	
Other								
From	To	Did you graduate?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Degree	

PREVIOUS EMPLOYMENT

Company					Phone			
Address					Supervisor			
Job Title	Type of work/skill				From	To		
Company					Phone			
Address					Supervisor			
Job Title	Type of work/skill				From	To		
Company					Phone			
Address					Supervisor			
Job Title	Type of work/skill				From	To		

MILITARY SERVICE

Branch				From		To	
Rank at Discharge				Type of Discharge			
If other than honorable, explain							

FIRE SERVICE

Past Fire Service Experience?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Truck Driving Experience/Training?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If yes, what department?	Years of Service
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Fire Fighting Training Acquired

Willing to take the state required fire training course?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Willing to attend monthly fire department meetings?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Willing to attend monthly training sessions organized by the fire department?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Willing to attend bi-weekly work sessions organized by the fire department?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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How can you benefit the fire department, if accepted?

REFERENCES*Please list three references.*

Full Name	Relationship
Address	Phone
Full Name	Relationship
Address	Phone
Full Name	Relationship
Address	Phone

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

I authorize the Atlas Township Fire Department to obtain my employment records both past & present.

Signature

Date