



# Addison Township Fire Department

## Paid - On Call - Firefighter/EMT

Application for Employment

Date: \_\_\_\_\_

To the Applicant: We appreciate your interest in our Township and assure you that we are interested in your qualifications. A clear understanding of your background and work history will aid us in seeking to place you in a position which, in our judgment, best meets your qualifications.

We are an equal opportunity employer and shall consider qualified applicants for all positions without regard to race; color; sex; religion; national origin; age; height; weight; marital status; veteran status; or disability.

Please note that this application will remain active for only six (6) months, after which time, applicant must re-apply.

### PERSONAL:

Date of Birth \_\_\_\_\_

Name \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_  
(Number) (Street) (City/State) (Zip)

Telephone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Social Security No. \_\_\_\_\_ Are you 18 years or older? Yes / No  
(circle one)

Are you authorized to work in the United States? Yes / No  
(circle one)

Have you been previously employed here? Yes / No If yes, dates \_\_\_\_\_  
(circle one)

Have you filed an application before? Yes / No If yes, dates \_\_\_\_\_  
(circle one)

Under what name? \_\_\_\_\_

List any friends or relatives working here: \_\_\_\_\_

### EMPLOYMENT DESIRED:

Position(s) applied for: \_\_\_\_\_

Can you perform the essential functions of the job you are applying for with or without reasonable accommodations? \_\_\_\_\_

Kind of work sought: Full time \_\_\_\_\_ Part time \_\_\_\_\_ Other \_\_\_\_\_

If part time, please specify hours and days desired: \_\_\_\_\_

Salary or wage rate desired: \_\_\_\_\_ Date available to work: \_\_\_\_\_

### MILITARY SERVICE RECORD:

Have you had any experience in the Armed Forces of the United States or in State National Guard? Yes / No  
(circle one)

What branch? \_\_\_\_\_ Rank at discharge? \_\_\_\_\_ Honorable discharge? Yes / No  
(circle one)

Are you in the reserves? Yes / No If yes, date obligation ends: \_\_\_\_\_  
(circle one)

Special/technical training: \_\_\_\_\_

**LIST ALL EMPLOYMENT EXPERIENCE:** (List current or most recent job first, use additional sheets of paper if necessary)

Employer	<u>Dates</u> From: To: <u>Hourly Rate/Salary</u> Starting: Final:	Work Performed
Address		
Job Title		
Supervisor		
Reason for Leaving		

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Address		
Job Title		
Supervisor		
Reason for Leaving		

**EDUCATION:**

	Name/Location	Years Completed	Diploma/Degree	Course of Study
Elementary				
High School				
College				
Graduate				
Vocation / Training				

Any other education or training: \_\_\_\_\_

\_\_\_\_\_

**REFERENCES:** (Do not include relatives or former employers)

	Name	Address	Phone Number	Years acquainted
1				
2				
3				

**ADDITIONAL INFORMANTION:**

Have you been convicted of a crime? (Conviction of a crime will not necessarily disqualify you from employment). Yes / No  
(circle one)

If so, where, when and nature of offense: \_\_\_\_\_

If operation of a vehicle is part of the job duties of the position you are applying for, provide the following information:

Drivers License No. \_\_\_\_\_ Expiration Date: \_\_\_\_\_ State \_\_\_\_\_

Is your license currently valid? Yes / No License Type (Operator or Chauffeur) \_\_\_\_\_  
(circle one)

List professional, trade, business, or civic activities and offices held. Excludes names or characters which indicate race, color, religion, sex, national origin, age, disability, or marital status: \_\_\_\_\_

State any additional information that you feel may be helpful to us in considering your application. \_\_\_\_\_

**AUTHORIZATION AND UNDERSTANDING:**

Release of Records

By signing this application, I agree that all of the information now or later given by me in support of my application for employment is true and complete. I understand that you may verify any of the information concerning my employment, education, and any statement made herein with the appropriate individuals, organizations, or governmental agencies. I give these individuals, organizations, or governmental agencies my permission to release any information that you need, including my previous disciplinary record, without requiring them to contact any of my prior employers and I release all of those prior employers and Addison Township from any and all liability arising from their providing job-related and lawful information about my employment history. I agree that any false information in support of my application may subject me to discharge at any time during my employment.

At -Will Employment Status

I agree that either party may terminate the employment relationship, with or without cause, at any time, for any reason. I agree that I shall be bound by other rules, policies, regulations, and terms and conditions of employment of Addison Township Fire Department as they are from time to time changed. I further agree that my employment is conditional upon satisfactory completion of documentation as required by the Immigration Reform and Control Act of 1986 and until such time as the results of my pre-employment physical (if such physical is required) are known. For purposes of any required post-offer medical examination, I hereby authorize Addison Township Fire Department to access any medical histories, or records pertaining to me.

\_\_\_\_\_  
Signature Date



**FOR INTERVIEWER'S USE**

Interviewed by \_\_\_\_\_ Date \_\_\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Interviewed by \_\_\_\_\_ Date \_\_\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Interviewed by \_\_\_\_\_ Date \_\_\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HIRED:** Yes \_\_\_\_\_ Starting Date: \_\_\_\_\_ Department: \_\_\_\_\_ Job Title: \_\_\_\_\_

No \_\_\_\_\_ Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPROVED:** Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_