

DALTON TOWNSHIP FIRE DEPARTMENT

Employment Application

The Dalton Township Fire Department is an equal opportunity employer.

We do not discriminate on the basis of race, color, religion, national origin, sexual orientation, age, disability or any other category protected by state or federal law. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job related factors.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions.

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.	Desired Salary	
Position Applied for:			
Can you furnish proof you are eligible to work in the United States? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Have you ever worked for this company? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?			
Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain			

EDUCATION		
High School	Address	
Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College	Address	
Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other	Address	
Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	
Company	Phone ()
Address	
Full Name	
Company	Phone ()
Address	
Full Name	
Company	Phone ()
Address	

(OVER)

PREVIOUS EMPLOYMENT			
Company		Phone ()	
Address		Supervisor	
Job Title		Starting Salary \$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title		Starting Salary \$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title		Starting Salary \$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

FIREFIGHTING AND EMS TRAINING (COMPLETE ALL THAT ARE APPLICABLE)			
CPR If so where?	Year of completion	Certified / licensed?	Y or N
CPR Inst If so where?	Year of completion	Certified / licensed?	Y or N
FFII or III If so where?	Year of completion	Certified / licensed?	Y or N
1 st Respond If so where?	Year of completion	Certified / licensed?	Y or N
EMT Basic If so where?	Year of completion	Certified / licensed?	Y or N
Paramedic If so where?	Year of completion	Certified / licensed?	Y or N
Any other applicable certifications	Year of completion	Certified / licensed?	Y or N
SPECIAL SKILLS AND INTERESTS			
List any other special skills			
Interests or hobbies			

MILITARY SERVICE

Branch

From

To

DISCLAIMER AND SIGNATURE**AFFIDAVIT****PLEASE READEACH STATEMENT CAREFULLY BEFORE SIGNING**

I certify that all of the information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employer and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such person and organizations that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physician examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre-employment drug screen as a condition of employment. If required.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYEMTN DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINATE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERNINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements.

Signature

Date