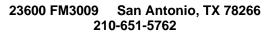


BRACKEN VOLUNTEER FIRE DEPARTMENT

APPLICATION FOR EMPLOYMENT





PLEASE TYPE OR PRINT

TELAGE THE CITTLE							
POSITION APPLIED FOR:		DATE OF APPLICATION:					
LAST NAME			FIRST NAME			INITIAL	
MAILING ADDRESS			STREET ADDRESS				
CITY/TOWN			STATE			ZIPCODE	
HOME PHONE NUMBER	CELL PHONE NUMBER	EM	AIL ADDRESS				
SOCIAL SECURITY NUMBER DATE OF BIRTH (MM/DD/YY) DRIV			RIVERS LICENSE NR (CLASS, STATE, EXP DT & RESTRICTIONS)				
CURRENT EMS LEVEL OF CE	CU	RRENT FIRE LEVEL OF	FCEF	TIFICATION & EXP DT			
TYPE OF EMPLOYMENT DESIRED: [] FULL TIME [] PART TIME [] RESERVE (VOLUNTEER)							
DATE AVAILABLE TO WORK DESIRED SALARY							
PLEASE ANSWER THE QUESTIONS BELOW							NO
ARE YOU ABLE TO PERFORM THE FUNCTIONS OF THE POSITION FOR WHICH YOU ARE APPLYING?							
IS THERE ANY REASON YOU WOULD NOT BE ABLE TO WORK THE NUMBER OF HOURS PER WEEK OR ANY SCHEDULED DAY REQUIRED BY THE POSITION FOR WHICH YOU ARE APPLYING?							
WILL YOU WORK OVERTIME IF IT IS REQUIRED?							
HAVE YOU FILED AN APPLICATION HERE BEFORE? IF YES, WHEN?/							
HAVE YOU BEEN EMPLOYED HERE BEFORE? IF YES, WHEN? FROM: / / TO: / /							
ARE YOU AT LEAST 18 YEARS OLD?							
ARE YOU ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES?							
ARE YOU ON "LAID OFF" STATUS AND SUBJECT TO RECALL?							
DO YOU HAVE ANY ACQUAINTANCES OR RELATIVES WORKING HERE? IF YES, PLEASE LIST:							
HAVE YOU PLED "GUILTY" OR "NO CONTEST" TO, OR BEEN CONVICTED OF A CRIME? IF YES, PLEASE EXPLAIN:							
HAVE YOU HAD ANY MOVING TRAFFIC VIOLATIONS IN THE PAST FIVE YEARS OR HAD YOUR DRIVER'S LICENSE EVER SUSPENDED? IF YES, PLEASE EXPLAIN:							

ANSWERING "YES"TO THE PREVIOUS TWO (2) QUESTIONS DOES NOT AUTOMATICALLY PRECLUDE YOU FROM A POSITION WITH THE DEPARTMENT. THESE WILL BE REVIEWED ON A CASE BY CASE BASIS.

BRACKEN VOLUNTEER FIRE DEPARTMENT IS AN EQUAL OPPORTUNITY EMPLOYER.

EDUCATION

FILL IN THE APPROPRIATE LEVELS OF EDUCATION AND CORRESPONDING COMPLETION STATUS.							
HIGH SCHOOL ATTENDED	YEARS COMPLETED	GRADUATED	COURSE OF STUDY				
COLLEGE ATTENDED							
BUSINESS OR TRADE SCHOOL							

REFERENCES

REFERENCES				
LIST NAME AND TELEPHONE NUMBER OF THREE (3) BUSINESS / WORK REFERENCES NOT RELATED TO YOU AND WHO ARE NOT PREVIOUS SUPERVISORS. IF APPLICABLE, LIST THREE EDUCATIONAL REFERENCES WHO ARE NOT RELATED TO YOU.				
NAME	Т	ELEPHONE NUMBER	YEARS KNOWN	
LIST ANY PROFESSIONAL, TRADE BUSINESS, OR CIVIC ASSOCIATIONS AND ANY OFFICES OR POSITIONS HELD. (OPTIONAL)				
ORGANIZATION		OFFICES OR	POSITIONS HELD	
LIST ANY SPECIAL ACCOMPLISHMENTS, PUBLICATIONS, AWARDS, ETC. (OPTIONAL)				
LIST ANY APPLICABLE PROFESSIONAL CERTIFICATIONS OR LICENSES YOU HOLD. (OPTIONAL)				

WORK EXPERIENCE

	Start with your present or most recent job. You may include any job related military experience or volunteer activities. You may exclude any activities which may indicate race, color, religion, national origin or disabilities.						
DATE OF EMPLOYMENT	FROM	ТО		SALARY	STAR		ENDING
EMPLOYER						JOB TITLE	
ADDRESS						JOB DESCRIPTION	
PHONE NR							
SUPERVISOR							
MAY WE CONTACT?	[]YES	[] NO	REA	ASON FOR L	EAVING	i	
DATE OF EMPLOYMENT	FROM	ТО		SALARY	STAR		ENDING
EMPLOYER						JOB TITLE	
ADDRESS						JOB DESCRIPTION	
PHONE NR							
SUPERVISOR							
MAY WE CONTACT?	[]YES	[] NO	REA	ASON FOR L	EAVING		
DATE OF EMPLOYMENT	FROM	ТО		SALARY	STAR	TING	ENDING
EMPLOYER						JOB TITLE	
ADDRESS						JOB DESCRIPTION	
PHONE NR							
SUPERVISOR							
MAY WE CONTACT?	[]YES	[] NO	REA	ASON FOR L	EAVING	i	
DATE OF EMPLOYMENT	FROM	ТО		SALARY	STAR		ENDING
EMPLOYER						JOB TITLE	
ADDRESS						JOB DESCRIPTION	
PHONE NR							
SUPERVISOR							
MAY WE CONTACT?	[]YES	[] NO	REA	ASON FOR L	EAVING		
EXPLAIN ANY GAPS	S IN EMPLOYM	IENT:					

BRIEFLY STATE WHY YOU WANT TO BE A FIREFIGHTER/EMT FOR BRACKEN VOLUNTEER FIRE DEPARTMENT.
AUTHORIZATION FOR RELEASE OF INFORMATION
I hereby authorize any investigator or duly accredited representative of Bracken Volunteer Fire Department bearing this release to obtain any information from any of my former employers, and/or agencies identified in my application as an employer or reference to answer any and all questions that may be asked and to give any and all information concerning me, my work habits, character, or skill that may be sought in connection with this application. I expressly release any individual, including record custodians, from any and all liability for damages of whatever kind or nature which may at any time result to me on account of compliance, or any attempts to comply, with this authorization.
APPLICANT'S SIGNATURE DATE
CERTIFICATION
I understand that if hired by Bracken Volunteer Fire Department, my employment is at will, and as such, I am free to resign at any time with or without reason. Likewise, I understand that Bracken Volunteer Fire Department retains the right to terminate my employment with or without reason.
I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief. Any omission or misrepresentation of the above facts may be grounds for immediate termination of employment.
APPLICANT'S SIGNATURE DATE

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.