Townsend Fire Company

EMPLOYMENT APPLICATION

Please complete the entire application.

1. Employer Information

Employer: TOWNSEND FIRE COMPANY
Address: P.O. Box 194 - 107 Main Street
City/State/ZIP: Townsend, Delaware 19734
Telephone: 302-378-8111

It is the policy of TOWNSEND FIRE COMPANY to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

2. Applicant Information

Applicant Full Name: _____
Home Address: _____
City/State/ZIP: _____
Number of years at this address: _____
Email Address: _____
Daytime phone: _____ Evening phone: _____
Mobile phone: _____
Social Security Number: _____
Driver's License (State/Number): _____

3. Emergency Contact

Who should be contacted if you are involved in an emergency?
Contact Name: _____
Relationship to you: _____
Address: _____
City/State/ZIP: _____
Daytime phone: _____ Evening phone: _____

4. Job Position Applied For: _____

☐ Full Time ☐ Part Time

5. Salary Desired: $_____ per hour

6. Where you referred to our company? ☐ Yes ☐ No
   If yes, please list here: _____

   Do you have any friends or relatives who work here? ☐ Yes ☐ No
   If yes, please list here: _____

7. Have you applied to our company previously? ☐ Yes ☐ No
   If yes, when? _____

8. Are you at least 18 years old? ☐ Yes ☐ No

9. Are you willing to work any shift, including nights and weekends? ☐ Yes ☐ No
   If no, please state any limitations: _____

10. If applicable, are you available to work overtime? ☐ Yes ☐ No

11. If you are offered employment, when would you be available to begin work? _____

12. If hired, are you able to submit proof that you are legally eligible for employment in the United States? ☐ Yes ☐ No

13. Are you able to perform the essential functions of the job position you seek with or without reasonable accommodation? ☐ Yes ☐ No

    What reasonable accommodation, if any, would you request?
    _____

14. Have you ever been convicted of a felony or misdemeanor?
    ☐ Yes, I was convicted of._____On
    _____(date) in_____(city),___(state)

    ☐ No

THE EXISTENCE OF A CRIMINAL RECORD DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT UNLESS RELEVANT TO THE TYPE OF EMPLOYMENT.

15. Applicant's Skills

Check those skills that you have. List any other skills that may be useful for the job you are seeking.

Have you been trained by a FTO as an EMT? ☐ Yes ☐ No

If yes, where _____

Have you worked 911 calls as an EMT? ☐ Yes ☐ No

If yes, where _____

How long: _____ Month(s) / _____Year(s)

Applicant Employment History

List your current or most recent employment first. Please list all jobs (including self-employment and military service) which you have held, beginning with the most recent, and list and explain any gaps in employment. If additional space is needed, continue on the back page of this application.

Employer Name: _____

Supervisor Name: _____

Address: _____

City/State/ZIP: _____

Job Duties: _____

Reason for Leaving: _____

Dates of Employment: From: _____(Month/Year) To: _____(Month/Year)

Employer Name: _____

Supervisor Name: _____

Address: _____

City/State/ZIP: _____

Job Duties: _____

Reason for Leaving: _____

Dates of Employment: From: _____(Month/Year) To: _____(Month/Year)

Employer Name: _____

Supervisor Name: _____

Address: _____

City/State/ZIP: _____

Job Duties: _____

Reason for Leaving: _____

Dates of Employment: From: _____(Month/Year) To: _____(Month/Year)

16. Applicant's Education and Training

College/University Name and Address

_____

Did you receive a degree? ☐ Yes ☐ No

If yes, degree(s) received: _____

High School/GED Name and Address:

_____

Did you receive a diploma? ☐ Yes ☐ No

Other Training (graduate, technical, vocational):

_____

_____

Military Service: ☐ Yes ☐ No

Branch: _____

Specialized Training: _____

17. References

List any two non-relatives who would be willing to provide a reference for you.

Name: _____
Address: _____
City/State/ZIP: _____
Telephone: _____
Relationship: _____

Name: _____
Address: _____
City/State/ZIP: _____
Telephone: _____
Relationship: _____

CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences immediate termination.

I authorize TOWNSEND FIRE COMPANY to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its President, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

_____ _____

APPLICANT SIGNATURE DATE