

APPLICANT NAME: _____
Last First

Date Submitted: _____

MILL CREEK FIRE COMPANY – EMPLOYMENT APPLICATION

Present Address: _____

City State Zip

Phone Number:

Home Cell Other

Date of Birth: _____

Are you a U.S. citizen? yes no

List all of your residences for the last 5 years prior to your present address

From:	Street Address
To:	City State Zip

From:	Street Address
To:	City State Zip

From:	Street Address
To:	City State Zip

From:	Street Address
To:	City State Zip

FORMAL EDUCATION

High School	Name of school	Location	Year Graduated
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College	Year Graduated	Location	Major	Year and type of degree awarded
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Post Graduate	Name of school	Location	Field of Study	Year and type of degree awarded
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How did you learn of the position for which you are applying? _____

List all of your previous employment (including temporary and part-time) starting with most recent. Use additional sheets if necessary.

Employer: _____ **Supervisor:** _____

From:	_____
To:	Street address _____ City State Zip

Position or Title: _____ Hourly Salary: _____

Description of Duties: _____

Reason for Leaving: _____

Employer: _____ **Supervisor:** _____

From:	_____
To:	Street address _____ City State Zip

Position or Title: _____ Hourly Salary: _____

Description of Duties: _____

Reason for Leaving: _____

Employer: _____ **Supervisor:** _____

From:	_____
To:	Street address _____ City State Zip

Position or Title: _____ Hourly Salary: _____

Description of Duties: _____

Reason for Leaving: _____

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MILITARY SERVICE

Are you currently serving in the military in any capacity? yes no If so, what branch? _____

If so, in what capacity? _____

Have you previously served in the military in any capacity? yes no If so, what branch? _____

If so, in what capacity? _____
Date of Service: _____

Type of Discharge _____

Do you possess a current certification card for the following?

EMT - B Yes No _____ Date Expires Enclose a copy of proof of current certification

CPR Yes No _____ Date Expires Enclose a copy of proof of current certification

AED Yes No _____ Date Expires Enclose a copy of proof of current certification

A valid Driver's License is required:

State: _____ Devers's License # _____ Expiration Date: _____

Have you ever been arrested for violation of the State's Motor Vehicle Code? yes no If answered "yes" to any of these, explain fully on separate sheet(s) of paper detailing date, location, police jurisdiction, what charges, and final disposition.

Have you been cited for violation of the State's Motor Vehicle Code in the past 10 years? yes no

In the past 10 years, have you been a driver of a vehicle involved in an incident where there was any physical injury or property damaged? yes no

Employment is contingent upon the results of a complete character investigation including a security and criminal record check and a motor vehicle record check. Applicant's signature agrees to this condition and hereby grants permission for this and other investigations as needed. The signature also indicates that the applicant acknowledges that substance abuse screening may be required prior to and during employment. The applicant's signature also attests that all statements made in this application is true and that withholding of information or making false statements will be grounds for termination.

Signature of Applicant