

GENERAL INFORMATION *(Please Print)*

MARK APPROPRIATE BOX & RESPONSE

HAVE YOU EVER BEEN A MEMBER OF ANOTHER FIRE DEPARTMENT?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
IF YES, GIVE NAME /ADDRESS/CONTACT PERSON: _____				

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THIS COUNTRY?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
IF NO, EXPLAIN : _____				

HAVE YOU EVER BEEN BONDED?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
HAVE YOU EVER BEEN REFUSED BOND?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
IF YES, EXPLAIN: _____				

HAVE YOU EVER BEEN CONVICTED OF ANY CRIMES (misdemeanors or felonies)	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
HAVE YOU EVER BEEN REFUSED BOND?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
CAN YOU PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB YOU ARE APPLYING FOR?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Job Description is available, if needed for Firefighter - IF NO, EXPLAIN IN DETAIL: _____				

IF YOU ARE SEEKING PART-TIME WORK ONLY, WHAT DAYS ARE YOU AVAILABLE TO WORK? _____				

HAS YOUR DRIVERS LICENSE EVER BEEN REVOKED?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	
IF YES, EXPLAIN: _____					

ARE YOU CURRENTLY ABLE TO BE INSURED TO DRIVE A FIRE APPARATUS?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	
IF NO, EXPLAIN? _____					

DRIVERS LICENSE #:	_____	STATE:	_____	CLASS:	_____
DRIVERS LICENSE EXPIRATION DATE:	____/____/____				
A COPY OF YOUR DRIVERS LICENSE AND 3 YEAR DRIVING RECORD FROM THE DMV MUST BE PROVIDED TO BE FOR DRIVING ELIGIBILITY INSURANCE PURPOSES IF JOB OFFER IS MADE.					

EMPLOYMENT HISTORY *(Please Print)*

Start with your most RECENT

		DATES EMPLOYED	
EMPLOYER:	_____	FROM:	_____ TO: _____
ADDRESS/CITY/STATE/ZIP: _____			
POSITION: _____			
CONTACT PERSON:	_____	PHONE #:	_____

COURSE: _____	DATE COMPLETED: _____
COURSE: _____	DATE COMPLETED: _____
COURSE: _____	DATE COMPLETED: _____

EMPLOYMENT REFERENCES – WORK REFERENCES WE CAN CONTACT (Please Print)

Name: _____	Phone: _____
Reference Type: (Former Supervisor, Co-Worker): _____	
Where were you employed with this reference? _____	
Name: _____	Phone: _____
Reference Type: (Former Supervisor, Co-Worker): _____	
Where were you employed with this reference? _____	
Name: _____	Phone: _____
Reference Type: (Former Supervisor, Co-Worker): _____	
Where were you employed with this reference? _____	

PERSONAL REFERENCES (NOT FAMILY MEMBER) (Please Print)

Name: _____	Phone: _____
How long have you known this reference: _____	
Name: _____	Phone: _____
How long have you known this reference: _____	



PLEASE READ BEFORE SIGNING:

With completion of this Application for Employment AND with your signature below, an investigative consumer report may be prepared whereby information is obtained through reference interviews with your former employers and friends or other acquaintances. Such an inquiry would include information as to character, general reputation and personal characteristics. You have given Westview-Fairforest Fired Department (WFFD) the right to make these request (whether oral or written) within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation.

Also by my signature, I authorize Westview-Fairforest Fire Department (WFFD) to communicate with persons listed as references, former employers, and any others with whom they desire to check, *unless I specifically state (for example such persons as my current employer) not to contact* that may cause conflict with my employment. WFFD IS HEREBY AUTHORIZED TO MAKE ANY INVESTIGATION OF MY PERSONAL EMPLOYMENT, FINANCIAL OR ANY OTHER RELATED MATTERS CONSIDERED NECESSARY, INCLUDING SOCIAL MEDIA. I HEREBY RELEASE EMPLOYERS, SCHOOLS, PHYSICANS OR PERSONS FROM ALL LIABILITY IN RESPONDING TO INQUIRIES IN CONNECTION WITH MY APPLICATION – this will be done in compliance with the Fair Credit Reporting Act of 1970 and the Consumer Credit Reporting Reform Act Of 1996

I understand I must supply a copy of my driver's license and 3 year driving record for purposes of insurability to drive Westview-Fairforest Department's Emergency Apparatus after a job offer is made.

If employed, I agree to engage in no outside activity which would involve a material conflict of interest with, or which could reflect adversely on Westview Fairforest Fire Department. I understand this decision is to rest with WFFD.

If employed, I agree to hold in strictest confidence any information concerning WFFD which may come to my knowledge. In consideration of my employment, if I am employed, I agree to conform to the employment policies of WFFD, and I understand that my employment and compensation can be terminated, with or without notice, at any time, at the option of either WFFD or myself.

I hereby affirm that my answers to these statements and questions are true and correct to the best of my knowledge. I have not knowingly withheld any fact or circumstance that would, if disclosed, affect my application unfavorably.

I understand that any misrepresentation, deception, or false statements made in this Employment Application may result in my not being considered for employment, and if discovered by WFFD until after my becoming employed, is grounds for and may result in, my immediate termination.

I understand that WFFD requires the successful completion of a urinalysis for drug testing purposes and/or a blood alcohol test as a condition of employment. By submitting this Application for Employment, I hereby consent to either or both of said tests, at WFFD's discretion.

I UNDERSTAND THAT THIS APPLICATION WILL REMAIN ACTIVE FOR A PERIOD OF THREE (3) MONTHS ONLY.

APPLICANTS SIGNATURE: _____ **DATE:** ____/____/____



COPIES CAN BE MADE OF ANY APPLICABLE CERTIFICATIONS AND ATTACHED TO THIS APPLICATION.

MAY COMPLETE NOW OR AT TIME OF JOB OFFER

CONSENT TO PERFORM BACKGROUND CHECK INCLUDING SLED CHECK

As a condition of my candidacy for employment or in connection with becoming a volunteer with Westview-Fairforest Fire Department (WFFD), I understand that a background check screening about me for employment purposes or volunteer purposes will be done. This includes a SLED background check.

By my signature below I hereby authorize the release to the Westview-Fairforest Fire Department information held by any parties regarding previous employment, my criminal history record, and or record of convictions in state and local files for violation of any federal, state, local statutes or ordinances, military records, my credit history, worker's compensation history, driving record, and educational records and hereby release said persons, schools, companies, government agencies, court and law enforcement authorities from damage whatsoever for reusing this information. As a government agency we require date of birth, social security number, driver's license number and state when checking for records.

I hereby acknowledge that the Westview-Fairforest Fire Department cannot assure for or guarantee the information provided by third parties. Accordingly, I release the Westview-Fairforest Fire Department, its agents and hold harmless from any and all liability arising out of any errors or omissions regarding my background information. Any information obtained by the Westview-Fairforest Fire Department independently or through a Consumer Reporting Agency shall remain confidential and no further disclosure to other parties shall result. The information obtained as a result of the investigation shall be used exclusively for the purpose of employment or volunteering.

Any misrepresentation, falsification or misleading statements or omissions of facts by me may result in my being disqualified from further consideration for volunteering at Westview-Fairforest Fire Department. I further agree to indemnify and hold harmless the Westview-Fairforest Fire Department and its Commissioner's, Chief, Administrative HR Generalist, Officers, employees, volunteers, representatives, and agents, from any and all outcome that may arise due to findings in my background check.

I understand no adverse actions based in whole or in part on the report will be made against, Westview-Fairforest Fire Department the Westview-Fairforest Fire Department and its Commissioner's, Chief, Administrative HR Generalist, Officers, employees, volunteers, representatives, and agents, and they shall provide me a copy of the report if requested and a description in writing of my rights under the Fair Credit Reporting Act (FCRA). The Consumer Financial Protection Bureau's "Summary of Your Rights under the Fair Credit Reporting Act" is available in English and Spanish.

By my signature below I have read and agree to all the above statements:

Print Name: _____ **SS#** _____

Date of Birth: _____/_____/_____

Signature: _____