

Lewisville Fire Department, Inc.

EMPLOYMENT APPLICATION

APPLICANT INFORMATION



Name:			
SSN:	Are you under 18?	Yes	No
Home Phone:	Cell Phone:		
Email Address:			
Current Address:			
City:	State:	Zip Code:	
Mailing Address:			
City:	State:	Zip Code:	
How long have you lived at the above address?			
How long have you lived in <Insert State>?			
Are you a citizen of the United States?	Yes	No	

EMPLOYMENT INFORMATION

Current Employer:		
Employer Address:		How long?
Phone:	Fax:	

PAST ADDRESSES

List all past addresses

Address:	How long?
Address:	How long?
Address:	How long?
Address:	How long?

REFERENCES

List (4) References

Name:	Phone:
Address:	
Name:	Phone:
Address:	
Name:	Phone:
Address:	
Name:	Phone:
Address:	

DRIVERS LICENSE INFORMATION

All information must come from your valid license

Address:

Class:

Endorsements:

Issued Date:

Expiration Date:

Driver's License number:

State issued by:

EDUCATION

High School:

Did you graduate? Yes No

Address:

Associate's Degree School:

Did you graduate? Yes No

Address:

Type of Degree:

Bachelor's Degree School:

Did you graduate? Yes No

Address:

Type of Degree:

Master's Degree School:

Did you graduate? Yes No

Address:

Type of Degree:

Doctorate Degree School:

Did you graduate? Yes No

Address:

Type of Degree:

MILITARY SERVICE

Branch:

From: To:

Rank at Discharge:

Type of Discharge:

If other than honorable, explain:

FIRE DEPARTMENT HISTORY

**If you have ever been with another fire department or rescue squad, please provide the following information **

add additional page for multiple departments

Name of Department:

Address:

Phone:

Positions Held:

Reason for Leaving:

Were you terminated: Yes No

Did you resign: Yes No

Have you ever been counseled, disciplined, terminated or asked to resign as a result of reported workplace harassment, fighting/assault, violation of safety rules, or other inappropriate conditions: Yes No

If yes, please explain:

BACKGROUND

Have you ever been convicted of a misdemeanor? Yes No

If yes, explain:

If yes, how many?

If yes, what state was it in:

Have you ever been convicted of a felony? Yes No

If yes, explain:

If yes, how many?

If yes, what state was it in:

EMERGENCY CONTACT

Name of person to contact:

Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Relationship:

EMERGENCY CERTIFICATIONS

List all IFSAC & Pro-Board Certifications (add additional page if necessary)

Certification: **Firefighter**

Accreditation Agency: _____ Certificate number: _____

Certification: **Emergency Medical Technician**

Accreditation Agency: _____ Certificate number: _____

Certification: **Technical Rescue**

Accreditation Agency: _____ Certificate number: _____

Certification: **TR-Water**

Accreditation Agency: _____ Certificate number: _____

Certification: **Emergency Vehicle Driver**

Accreditation Agency: _____ Certificate number: _____

Certification: **FAA 107**

Accreditation Agency: _____ Certificate number: _____

Certification: _____

Accreditation Agency: _____ Certificate number: _____

Certification: _____

Accreditation Agency: _____ Certificate number: _____

IMPORTANT INFORMATION

This department is an equal opportunity department. As such, we provide all opportunities without regards to race, color, religion, national origin, age, disability, veteran status, military service, or other characteristics protected by law.

I certify that the information provided on this application form along with all other information I have provided to the department, is accurate and complete. I understand that any misrepresentations or omissions will be cause for not being considered for employment or for terminating my employment once accepted.

I understand that The Department will undertake, and I authorize the department to undertake, any investigation it deems necessary in considering me for membership. I expressly authorize any present or former employer; school, college, or university; utility company; credit or finance bureau; personal reference; chief law enforcement officer; any member of any local, state, or federal law enforcement agency; or any other person to give the department any information (written or oral) or records concerning me or my qualifications, employment (including but not limited to the reasons for my termination), credit, reputation, mode of living, education, or criminal record. I unconditionally release the department and its representatives and agents and all persons from whom they request information from any and all liability relating to such request for information or any information provided.

I understand that this application will be for employment only and only during the period the department is seeking to fill the current opening(s), and that employment may be conditioned upon a medical examination and/or drug testing and/or criminal history check.

The administration of this fire department wants you to understand that providing fire protection and being a firefighter is a very dangerous job. The fire/rescue service losses approximately 100 fire/rescue members per year protecting the citizens of the United States.

I understand that, if accepted, my employment will be strictly at-will. That means that my employment can be terminated by The Department or I may terminate the employment at any time, for any or no reason, with or without notice or intermediate steps. I further understand that no verbal statements or statements in any department policy or procedure manual, handbook, or other document shall be construed to have altered the at-will nature of my employment.

Print name: _____

Date: _____

Signature: _____