

EDUCATION:

<u>School Level</u>	<u>Name & Address of School</u>	<u>Grade/Years</u>	<u>Dates Attended</u>
High School	_____	(9) (10) (11) (12)	_____
	_____	Diploma or GED Equivalent _____	Yes _____ No
College/Vocational	_____	(1) (2) (3) (4)	_____
	_____	Degree or Certificate _____	Yes _____ No
		Major Subject: _____	
Other (Specify)	_____		

Military Service Record:

Were you in the U.S. Armed Forces _____ Yes _____ No
If "Yes", What Branch? _____
Discharge Date & Rank _____/_____/_____ _____
List any special military training which may help qualify you for this job: _____

Are you presently a member in the National Guard or Reserves? _____ Yes _____ No

EMPLOYMENT:

CURRENT/PREVIOUS EMPLOYMENT:

Name of employer: _____
Address: _____
Title or Position held: _____ Supervisor Name: _____
Starting Date: _____/_____/_____ Leaving Date: _____/_____/_____
Starting Weekly Salary: _____ Final Weekly Salary: _____
May we contact your supervisor? _____ Yes _____ No Phone Number: _____-_____-_____
Description of Work: _____

Reason for Leaving: _____

NEXT MOST RECENT EMPLOYMENT:

Name of employer: _____
Address: _____
Title or Position held: _____ Supervisor Name: _____

Starting Date: ____/____/____ Leaving Date: ____/____/____
Starting Weekly Salary: _____ Final Weekly Salary: _____
May we contact your supervisor? ____ Yes ____ No Phone Number: ____-____-____
Description of Work: _____

Reason for Leaving: _____

NEXT RECENT EMPLOYMENT:

Name of employer: _____
Address: _____
Title or Position held: _____ Supervisor Name: _____
Starting Date: ____/____/____ Leaving Date: ____/____/____
Starting Weekly Salary: _____ Final Weekly Salary: _____
May we contact your supervisor? ____ Yes ____ No Phone Number: ____-____-____
Description of Work: _____

Reason for Leaving: _____

List any experience you have with a Fire, Rescue, or EMS department:

Full Time: Number of Years: _____	Department Name? _____
Part Time: Number of Years: _____	Department Name? _____
Volunteer: Number of Years: _____	Department Name? _____

FIRE/MEDICAL CERTIFICATIONS:

Are you a certified firefighter Level II? ____ Yes ____ No - IFSAC Number: _____
Are you a certified Driver/Operator? ____ Yes ____ No - IFSAC Number: _____
Are you a certified Emergency Rescue Technician? ____ Yes ____ No - IFSAC Number: _____
Do you have Haz-Mat Operations level? ____ Yes ____ No - IFSAC Number: _____
Have you taken and passed Emergency Vehicle Driver? ____ Yes ____ No
Are you a Life Safety Educator? ____ Yes ____ No – Level: ____ IFSAC Number: _____
Are you a Child Passenger Safety Seat Technician? ____ Yes ____ No
Are you an Emergency Medical Technician certified through the State of North Carolina? Yes No
Certification Start Date: ____/____/____ Recertification Date: ____/____/____

List any other experience or training which you feel helps qualify you for the position you are applying for:

Are you willing to complete additional courses of study and additional training if required by your employer? _____ Yes _____ No

Do you speak multiple languages? _____ Yes _____ No

If "Yes", list languages you are fluent in speaking: _____

REFERENCES:

If you wish to list references, list persons who are not related to you and who have knowledge of your qualifications for this position. Do not repeat names of supervisors you have listed under EMPLOYMENT in this application.

Name: _____ Address: _____

Title: _____ Phone Number: ____ - ____ - ____

Name: _____ Address: _____

Title: _____ Phone Number: ____ - ____ - ____

Name: _____ Address: _____

Title: _____ Phone Number: ____ - ____ - ____

CERTIFICATE OF APPLICANT:

"I certify that I have read and understand the general responsibilities, qualifications, and requirements of the position and that the facts contained in this application are true and complete to the best of my knowledge and understand that, if I am employed, falsified statements on this application shall be grounds for termination.

I hereby authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment, and any pertinent information they may have, personal, or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree I must submit to a urinalysis drug screening in accordance with the Town of Weaverville, NC personnel policy before I will be offered employment to the position I have applied for in this application."

Signature: _____ Date: _____