Town of Weaverville: Fire Department P.O. Box 338 Weaverville, NC 28787

Employment Application (Please Print)

GIVE ACCURATE AND COMPLETE INFORMATION. FAILURE TO DO SO MY RESULT IN THE REJECTION OF YOUR APPLICATION. IT IS IMPORTANT THAT YOU FILL OUT ALL SECTIONS OF THIS APPLICATION COMPLETELY AND TO THE BEST OF YOUR ABILITY. YOUR APPLICATION WILL BE USED AS A PART OF THE EVALUATUON PROCESS.

Position applied for: D	Date://
When will you be available for employment?	
Are you seeking: Full-time Part-time	
	nds? Yes No Holidays? Yes No
Name:	
Last First	Middle
Physical Address:	
Mailing Address:	
Telephone: Home () Business ()	Other ()
Social Security Number: Date of E	Birth://
Do you have a valid North Carolina driver's license?Yes License Number: Class/Endorsements:	
May inquiry be made regarding your driving record?Yes	No
Have you ever been employed by the Town of Weaverville, NC? If "Yes", give dates: From/ to// Reason for leaving? Are you related by blood or marriage to any person now employed by member of the Town of Weaverville, NC Town Council? Ye If "Yes", explain relationship:	the Town of Weaverville, NC or any sNo

EDUCATION:

School Level	Name & Address of School	Grade/Years	Dates Attended
High School		(9) (10) (11) (12) Diploma or GED Equivalent	
College/Vocational		(1) (2) (3) (4) Degree or Certificate Ye Major Subject:	
Other (Specify)			
Military Service Recor	·d:		
Discharge Da List any spect Are you press EMPLOYMENT: CURRENT/PREVIOU	ently a member in the Nat	_/ n may help qualify you for this jo ional Guard or Reserves?	
Title or Position held:/ Starting Date:/ Starting Weekly Salary May we contact your s Description of Work: _	/Leaving D y:F upervisor?Yes	Supervisor Name: Date:// inal Weekly Salary: No Phone Number:	
NEXT MOST RECEN	T 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: May we contact your supervisor? Yes No Phone Number:
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: