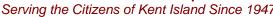




APPLICATION

Name:(Last) (First) (Middle) Present Address: Street Number & PO Box (if applicable)
(Last) (First) (Middle) Present Address:
Present Address:
Street Number & PO Box (if applicable)
(City) (State) (Zip)
Date of Birth:
Home Phone # Work Phone #
Cell Phone # Email Address
Position applying for:
How many hours a week are you available to work?
Do you have a valid driver's license? Yes No
State of Issue License #
Expiration Date Current number of points
Class Endorsements
Within the last three years have you been involved in a vehicle collision?
If yes, how many?





Education

High School:	
Address:	
City, State, Zip code:	
From: To:	
Did you graduate?YESNO	
College:	-
Address:	_
City, State, Zip code:	_
From: To:	
Did you graduate?YESNO Degree or Certificate:	-
List any current EMS or fire service certifications: Include ID #'s a dates if applicable.	nd expiration
1	_
2	_
3	_
4	_
5	_
6	
A copy of all EMS or fire service training cards/certificates or transcript shall be at application	tached to this



-	Work History past ten years in descending order)	
Employer Name:		
Dates of Employment: From		
	Phone Number:	
Phone Number		
, ,		
Name and Title of Supervisor:		



Employer Name:			
Dates of Employment	From:	To:	
Address:			-
City, State, Zip code			-
Phone Number			
Reason(s) for leaving:			
Job Title and Duties: _			
			_
Name and Title of Sun	ervisor [.]		_
Employer Name:			
		To:	
			_
Phone Number:			
Reason for leaving:			
Name and Title of Sup	ervisor:		



Employer Name:	
Dates of Employment From: To:	
Address:	
City, State, Zip code	
Phone Number:	
Reason(s) for leaving:	
Job Title and Duties:	
Name and Title of Supervisor:	
GENERAL INFORMATION (use additional paper as necessary)	
Have you ever been convicted of a crime?YESNO	
If yes, explain the nature of offense(s), the number of conviction(s), any sentence(s) type(s) of rehabilitation as applicable. (Use additional paper as necessary)	imposed and
	- -
Have you ever been required to appear before a medical review board?YESNO	
If yes, explain	-



Are you in good physical condition and able to perform the duties as listed in the job description is which you are applying for?
YES NO
If No, please explain:
References
List two references that you have known for no less than five years (not family members)
1. Name:
Address:
Phone NumberYears known:
2. Name:
Address:
Phone Number Years known:
I herby acknowledge that all facts presented in this application are true to the best of my knowledge and authorize the Kent Island Vol. Fire Dept., Inc organization to conduct a full investigation of my background and information listed. I understand that any incorrect or incomplete information presented by me is automatic grounds for disqualification and that my application to the Kent Island Vol. Fire Dept., Inc. may be refused for any reason deemed appropriate. I will not hold any member of the Kent Island Vol. Fire Dept., Inc responsible for any information revealed, discussed or presented during the investigation.
I understand that as a condition of my employment, I must successfully pass an oral interview physical examination, written and drug test that are provided to me by the Kent Island Vol. Fire Dept Inc. Failure to pass is subject to disqualification from the selection process.
Applicant signature Date

The Kent Island Vol. Fire Department. Inc., is committed to a policy of providing equal employment opportunities to all candidates regardless of economic or social status and will not discriminate on the basis of race, color, ethnic origin, national origin, creed, religion, political belief, sex, sexual orientation, marital status, or age. The KIVFD does not discriminate against any employee or applicant for employment because of Vietnam-era veteran status, disabled veteran status, or physical or mental disability in regard to any position for which the employee or employment applicant otherwise meets minimum qualifications.