



Scott Township Fire Department is An Equal Opportunity Employer in compliance with federal and state equal employment opportunity laws, applicants are considered for employment without regard to race, color, religion, sex, national origin, ancestry, marital status, or the presence of a handicap or disability which is subject to reasonable accommodation.

Instructions: This application and all supplemental sheets must be completed by the applicant only. Please PRINT or TYPE the information. Information requested will be used in background checks and for verification of information about the applicant. All information will be kept confidential. It is essential that all information be completed thoroughly and accurately. Use additional paper as necessary to ensure complete information. This application is the sole property of Scott Township Fire Department, Inc. and will be maintained for a minimum of one (1) year.

Desired Position: Full Time Part Time Volunteer Cadet Fire Core

Last Name: _____ First Name: _____ Middle Initial: _____ Maiden Name: _____

Present Address: _____

Permanent Address (If different from above address): _____

Home Phone (____) _____ Other Phone (____) _____ E-

Date of Birth ____/____/____ Mail Address: _____

Social Security # ____-____-____ Driver's License # ____-____-____

(You are not required to provide these numbers and cannot be penalized for declining to provide either or both of them.)

Are you age 18 or older? YES NO

Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?		

HONOR – DEPENDABILITY– INTEGRITY



EDUCATION									
High School							Address		
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
College							Address		
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
Other							Address		
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
REFERENCES									
<i>Please list three professional references.</i>									
Full Name							Relationship		
Company							Phone		
Address									
Full Name							Relationship		
Company							Phone		
Address									
Full Name							Relationship		
Company							Phone		
Address									
MILITARY SERVICE									
Branch						From		To	
Rank at Discharge						Type of Discharge			
If other than honorable, explain									

HONOR – DEPENDABILITY– INTEGRITY



PREVIOUS EMPLOYMENT											
Company							Phone				
Address							Supervisor				
Job Title											
Responsibilities											
From		To		Reason for Leaving							
May we contact your previous supervisor for a reference?					YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Company							Phone				
Address							Supervisor				
Job Title											
Responsibilities											
From		To		Reason for Leaving							
May we contact your previous supervisor for a reference?					YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Company							Phone				
Address							Supervisor				
Job Title											
Responsibilities											
From		To		Reason for Leaving							
May we contact your previous supervisor for a reference?					YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Company							Phone				
Address							Supervisor				
Job Title											
Responsibilities											
From		To		Reason for Leaving							
May we contact your previous supervisor for a reference?					YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain							

HONOR – DEPENDABILITY– INTEGRITY



**COPY OF ALL CERTIFICATIONS AND DRIVERS LICENSE MUST BE SUBMITTED
WITH APPLICATION**

Application will not be processed until certs/license attached

CURRENT CERTIFICATION/ LICENSES			
Type of Certification		Certification #	
Issuing State		Expiration Date	
Type of Certification		Certification #	
Issuing State		Expiration Date	
Type of Certification		Certification #	
Issuing State		Expiration Date	
Please list any other certification on an addition sheet of paper. Also provide copies of all certifications.			

SPECIALIZED TRAINING/ CLASSES RELEVANT TO POSITION DESIRED		
Title of Special Course	Company/ Sponsor/ School	Skills Acquired/ Credits Earned

AFFILIATION WITH OTHER FIRE DEPARTMENTS OR EMS SERVICES						
Department	Address	City	State/ Zip	Phone	Position Held	Dates

HONOR – DEPENDABILITY– INTEGRITY

