



**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  Civilian Paramedic  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





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

**Application will not be processed until certs/license attached**

<b>CURRENT CERTIFICATION/ LICENSES</b>			
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.

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

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

**HONOR – DEPENDABILITY– INTEGRITY**

