

## Fire Department Employment Application

All information must be typed or printed in readable writing. Unreadable application will be discarded.

Personal Information						
1. Date of Application: 2. Position Applying For:						
3. Name: 4. Telephone Number: Home:			Number: Home:			
Last First	Middle			a Code / Number		
<b>5.</b> Address:						
Number	Street		Apartment Number			
City/Town	State		Zip Code			
<b>6.</b> Driver's License Number:						
	Class / Number / State					
<b>7.</b> If hired, can you provide proof	of citizenship or legal right to we	ork? 🗌 YES	$\square$ NO			
<b>8.</b> Are you under 18 years of age?	YES NO	If yes, date o	f birth?			
<b>9.</b> Have you ever been employed If yes, when?	by the Town before?	$\square$ NO $\underline{\hspace{1cm}}$ In which departmen	t?			
<b>10.</b> Do you have an immediate far	mily member (i.e. spouse, moth	er, father, sibling, or	child) working for the To	own of?		
$\square$ YES $\square$ NO						
If yes, Employee's Name:	:	Department:				
	Edu	cation				
		# of Years	211	- (2 ()		
Name / Location	Course of Study	Completed	Did you graduate?  ☐ YES ☐ NO	Type of Degree(s)		
High School  College			YES NO			
Graduate School			☐ YES ☐ NO			
Business/Technical			☐ YES ☐ NO			
Dusinessy recinical	<u>_</u>			<u> </u>		
<b>11.</b> Additional skills? Please list in	detail all that apply. Attach addi	itional pages to this a	application, if necessary.			
Specialized Training: $\square$ YES $\square$ NO Name of Training/Course:						
Professional Licenses:	☐ YES ☐ NO Lic	enses:				

Other:	YES	□ NO	Brief Description:
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## **Employment History**

List present employer first. A resume or supplemental sheet may be included, however, this section must be completed.

12. Employer's Name:			
Address:			er:
Job title:		Worked From:	To:
Immediate Supervisor's Name and Job Title:			
May we contact this employer? $\ \square$ YES	$\square$ NO		
Describe the work you performed:			
Reason(s) for leaving:			
13 . Employer's Name:			
Address:		Telephone Number	er:
Job title:		Worked From:	To:
Immediate Supervisor's Name and Job Title:			
May we contact this employer? $\ \square$ YES	$\square$ NO		
Describe the work you performed:			
Reason(s) for leaving:			
14 . Employer's Name:			
Address:		Telephone Numbe	er:
Job title:		Worked From:	To:
Immediate Supervisor's Name and Job Title:			
May we contact this employer? $\ \square$ YES	$\square$ NO		
Describe the work you performed:			
Reason(s) for leaving:			
15 . Employer's Name:			
Address:			er:
Job title:		Worked From:	
Immediate Supervisor's Name and Job Title:			

May we contact this employer? $\ \square$ YES	$\square$ NO				
Describe the work you performed:					
Reason(s) for leaving:					
If more room is required, an additional sheet may be attached					
Ref	References				
Please provide professional and/or business references only. I	Note that referenc	es listed in this section will be contacted.			
<b>16.</b> Reference #1					
Name:	_Address:				
Business Position:	_ Telephone	Home:			
		Work:			
17. Reference #2					
Name:	_Address:				
Business Position:	_ Telephone	Home:			
		Work:			
<b>18.</b> Reference #3					
Name:	_Address:				
Business Position:	_ Telephone	Home:			
		Work:			
19. Reference #4					
Name:	_Address:				
Business Position:	_ Telephone	Home:			
		Work:			
20. How did you learn about the job for which you are applying?					
Newspaper; title		Internet/Social Media:			
Posted Town Bulletin		Other:			

## Agreement

The information provided in this application for employment is true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

I authorize investigation of all statements contained in this application and the release of any pertinent information regarding my education, past employment history and background. I authorize the Town of Wales to obtain any information from schools, employers or individuals relating to my activities. This information may include, but is not limited to: academics, achievement, performance, attendance, personal history and discipline. Further, I hereby authorize all references, persons, schools, my current employer (if applicable) and previous employers and organizations named in this application, unless otherwise stated, to provide the Town of Wales any relevant information that may be required to arrive at an employment decision. I understand that the information released is for the Town of Wales use only.

I hereby voluntarily release, discharge and exonerate the Town of Wales, its agents and representatives, and any person so furnishing information from any and all liabilities of every nature and kind arising out of the furnishing or inspection of such documents, records and other information or the investigations made by or on behalf of the Town of Wales.

I understand that all appointments are probationary and that I must demonstrate my ability for continued employment. I also understand that I must be available from time to time to work outside normal business hours, as the needs of the department require.

If required for the position I am seeking, I agree to take a physical examination, which may include testing for drugs or a psychological examination, as required, and recognize that any offer of employment may be contingent upon the results of such an examination.

I understand that any employment offer by the Town is conditional upon my ability to establish employment eligibility under the Immigration Reform and Control Act of 1986 within three days of the date of hire.

I represent that I	I have road and full	v understand the	foregoing and c	ook omple	ovment under these	conditions
i rebresent mat i	i nave reau anu iun	v unuerstand the	TOTEGOTTIG ATTG S	eek embi	ovinienii undei inese	COHUILIONS.

Print Full Name:	
Signature:	Date:

Discrimination against any person in any practice or procedure in advertising, recruitment, referrals, testing, hiring, transfer, promotion or any other term, condition or privilege of employment which limits or adversely affects employment opportunities, because of political or religious opinions or affiliations, or because of race, color, sex, gender identity, genetic information, sexual orientation, national origin, ancestry, marital status, military status, pregnancy, parenthood, age or handicap which is unrelated to the person's occupational qualifications or any other non-merit factor which is not a bona fide occupational qualification, or any other protected class under the law, is prohibited.

Town of Wales

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I a candidate for the p	osition ofhereby
authorize the Town of Wales to investigate all st information from all my employers, references, and a references, academic institutions, and the Town of	atements in my application and to secure any necessary academic institutions. I hereby release all of those employers wales from any and all liability arising from their giving omy academic credentials or qualifications, and my suitability
academic credentials and employment references. will be sufficient cause for rejection of my application immediate dismissal if the Town of Wales has employment my employment record, in whole or in part	ingent upon receipt of a satisfactory report concerning my I further understand that any false or misleading statements on if the Town of Wales has not yet employed me and foologed me. I also authorize the Town to supply informations, in confidence to any prospective employer, government rest, and I hereby release the Town of Wales from any and
	ales I will comply with all rules, regulations, and policies se r communications distributed by the Town of Wales.
guidelines, or in my communications with any Tov contract between the Town of Wales and me. No pr	cation, in the Town of Wales policy statements or personner or of Wales officials is intended to create an employment or
I hereby acknowledge that I have read and understa	and the preceding statement.
Print Full Name:	-
Signed:	Date:
[Signature of Applicant]	

The Town of Wales as part of its commitment to Affirmative Action / Equal Employment Opportunity policies, invites you to provide the following information. All applicants will be considered without regard to race, color, religion, sex, gender identity, genetic information, sexual orientation, national origin, age, marital status, veteran status, medical condition or disability, handicap of a qualified handicapped person unless based upon a bona fide occupational qualification, or any other protected class under the law. The information is voluntary and refusal to provide it will not have any bearing on our employment decision. The data is confidential and will be filed separately. It will be available only to authorized personnel and is used to further the Town's Affirmative Action / Equal Employment Opportunity policies. Your cooperation is appreciated.

1.	Position Title:				-	
2.	Gender:	☐ Male		Female		
3.	Ethnic Origin:					
		☐ White – All person	ons having orig	ins in any of the origina	al peoples of Europe, North Africa or	the
		☐ Black – All perso	ons having orig	ins in any of the black	racial groups of Africa.	
		☐ Hispanic – All pe			oan, Central or South American or oth	er
		Southeast Asia, the	Indian Subcor		in any of the peoples of the Far East, slands. This area includes, for examp	le,
				•	ng origins in any of the original people tribal affiliations or community	) O
		☐ Cape Verdean -	- All persons ha	aving origins on the Ca	pe Verde Islands.	
4.	National Origin	:			_	
5.	Veteran Status	:	$\square$ YES	$\square$ NO		
	Vietnam Era, 1	962 – 1975	YES	$\square$ NO		
6.	Disabled:		YES	$\square$ NO		