



Volunteer Fire Department
2358 Bradway Road
North Pole, Alaska 99705
(907) 488-3400
Steven H. Crouch-Fire Chief

24 Hour Firefighter

Application Packet



Volunteer Fire Department
APPLICATION FOR EMPLOYMENT

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, or other protected classification.

Name _____ Date _____

Address _____
Street City State Zip

Telephone number _____ Are you over 18 years old? Yes No

Are you authorized to work in the U.S. on an unrestricted basis? Yes No

How did you learn of this opening? _____

Have you worked here before? Yes No

Have you been told the essential functions of the job or have you been shown a copy of the job description listing the essential functions of the job? Yes No

Can you perform these essential functions with or without reasonable accommodation? Yes No

Are there any hours, shifts or days you cannot or will not work? _____

Shift preferred _____ Part-Time _____ Full Time _____

Are you willing to work overtime as required? Yes No

Have you ever been convicted of a felony? Yes No (Conviction will not necessarily disqualify an applicant for employment.) If yes, describe conditions:

EDUCATION	NAME & LOCATION OF SCHOOL	YEAR GRADUATED	MAJOR	DIPLOMA/ DEGREE
High School				
College/Univ.				
College/Univ.				

Other Training/Education _____

In addition to your work history (next page), what other experiences, skills or qualifications would especially fit you for work with our company?

POSITIONS APPLIED FOR 1. _____ 2. _____

Wage or salary desired? \$ _____ When can you start? _____

WORK HISTORY

May we contact your present employer?

 Yes No

Most Recent Employer			Address		Telephone
Date Started	Starting Salary: \$	Per	Starting Position		
Date Left	Salary on Leaving: \$	Per	Position on Leaving		
Name and Title of Supervisor					
Description of Duties			Reason for Leaving		
Previous Employer			Address		Telephone
Date Started	Starting Salary: \$	Per	Starting Position		
Date Left	Salary on Leaving: \$	Per	Position on Leaving		
Name and Title of Supervisor					
Description of Duties			Reason for Leaving		
Previous Employer			Address		Telephone
Date Started	Starting Salary: \$	Per	Starting Position		
Date Left	Salary on Leaving: \$	Per	Position on Leaving		
Name and Title of Supervisor					
Description of Duties			Reason for Leaving		
Previous Employer			Address		Telephone
Date Started	Starting Salary: \$	Per	Starting Position		
Date Left	Salary on Leaving: \$	Per	Position on Leaving		
Name and Title of Supervisor					
Description of Duties			Reason for Leaving		

APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize the Company to make an investigation of any of the facts set forth in this application.

I understand that employment at this Company is "at will," which means that either I or the Company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager or executive of the Company, other than the president has any authority to alter the foregoing.

Date _____ Applicant's Signature _____



Volunteer Fire Department
EMPLOYEE AUTHORIZATION
TO RELEASE REFERENCE INFORMATION

I, _____ hereby authorize _____

to release the following job reference information to prospective employers:

Any information desired by my prospective employer.

OR

Salary history (Starting: _____ Final: _____)

Dates of employment (Hire Date: _____ Term Date: _____)

Positions held (Starting): _____

Final: _____

Duties and responsibilities _____

Reasons for leaving _____

Eligibility for rehire (Yes: _____/No: _____)

Other _____

I have reviewed the above information and understand this is the data that will be released should my references be checked.

Signature: _____ Date: _____

Name: _____

Social Security #: _____

Release Expiration Date: _____