

COVERT FIRE DEPARTMENT

APPLICATION FOR EMPLOYMENT

GENERAL INFORMATION

Name (Last)	(First)	(Middle Initial)	Home Telephone () -
Address (Mailing Address)	(City)	(State)	(Zip)
E-Mail Address	Are you legally entitled to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		

POSITION

Position Desired	Will Accept: <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Paid-On-Call	Availability: <input type="checkbox"/> Days <input type="checkbox"/> Nights <input type="checkbox"/> Weekends <input type="checkbox"/> Weekdays
Have you applied here before? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, when? Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, may we inquire of your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Were you referred by a current or past employee? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Who?	Date Available	

EDUCATION AND TRAINING

High School Graduate Or General Education (GED) Test Passed? Yes No
If no, list the highest grade completed

College, Business School, Military (Most recent first)

Name and Location	Dates Attended Month/Year	Credits Earned		Graduate	Degree & Year	Major or Subject
		Quarterly or Semester Hours	Other (Specify)			
	From To			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	From To			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	From To			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	From To			<input type="checkbox"/> Yes <input type="checkbox"/> No		

Occupational License, Certificate or Registration	Number	Where Issued	Expiration Date
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Languages Read, Written or Spoken Fluently Other Than English

VETERAN INFORMATION (Most recent)

Branch of Service	Date of Entry	Date of Discharge
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SPECIAL SKILLS (List all pertinent skills and equipment that you can operate)

WORK EXPERIENCE (Most Recent First) (Include voluntary work and military experience)

Employer	Telephone Number () -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties		Hours Per Week
		Last Salary
		Supervisor
Reason For Leaving		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Telephone Number () -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties		Hours Per Week
		Last Salary
		Supervisor
Reason For Leaving		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Telephone Number () -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties		Hours Per Week
		Last Salary
		Supervisor
Reason For Leaving		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

REFERENCES: (Give the names of four persons not related to you, whom you have known at least one year)

Name	Address	Phone Number	Business

I certify the information contained in this application is true, correct, and complete. I understand that, if employed, false statements reported on this application may be considered sufficient cause for dismissal.

Signature of Applicant _____ Date _____

Covert Fire Department
P.O. Box 5
Covert Township
269-764-1768

AUTHORIZATION FOR PRE-EMPLOMENT BACKGROUND CHECK

I authorize the Covert Fire Department to conduct such pre-employment background records checks as may be necessary in reaching an employment decision. I authorize Covert Township Fire Department to access any and all records pertaining to me through LEIN-NCIC and SOS computer systems through the Van Buren County Central Dispatch Center or any other agency as may be applicable.

Name of Applicate: _____
Last / First / Middle

Driver's License Number: _____

Applicant Signature: _____

Date: _____

Print Name of Witness: _____

Signature of Witness: _____

Date: _____