

Star City

Volunteer Fire Department



EMPLOYMENT APPLICATION

Upon completing the application please submit by mail to:

Star City VFD
ATTN: EMS Committee
PO BOX 4235
Star City, WV 26504

Thank you for you interest in the Star City VFD and Good Luck!

Star City Volunteer Fire Department Membership

Do you suffer from any condition that would prohibit you from participating in strenuous physical exertion?

YES _____ NO _____ if yes, please explain below:

Have you ever been convicted of a felony?

YES _____ NO _____ if yes, please explain below:

Have you ever been convicted of a misdemeanor? (Include traffic violations)

YES _____ NO _____ if yes, please complete below:

DATE: _____ CITY & STATE: _____

CHARGE: _____

DATE: _____ CITY & STATE: _____

CHARGE: _____

*Attach additional statement to explain circumstances of conviction if necessary.

Do you have any computer experience? List any experience:

EDUCATION/TRAINING

NAME & LOCATION OF SCHOOL	COURSE OF STUDY	YRS COMPLETED	DID YOU GRADUATE

PRIOR EMPLOYMENT

Employer:	Phone:	From:	To:
Address		Position:	
Duties:		Supervisor's Name:	
		Starting Wages:	
Reason for leaving:		Ending Wages	
Employer:	Phone:	From:	To:
Address		Position:	
Duties:		Supervisor's Name:	
		Starting Wages:	
Reason for leaving:		Ending Wages	

Employer:	Phone:	From:	To:
Address		Position:	
Duties:		Supervisor's Name:	
		Starting Wages:	
Reason for leaving:		Ending Wages	

List any fire/rescue/ems or related courses you have taken and where/how obtained:

****ATTACH COPIES OF ALL APPLICABLE FIRE TRAINING CLASSES, ETC.***

List any Fire/Ems organizations you have been a member of (not including prior or current employers):

Organization	Address	Phone	Supervisor
Organization	Address	Phone	Supervisor
Organization	Address	Phone	Supervisor

(*If more room is needed use separate sheet)

References (Three people not related to you):

Name	Address	Phone	Email	Years
Name	Address	Phone	Email	Years
Name	Address	Phone	Email	Years

IMPORTANT INFORMATION – READ CAREFULLY

EQUAL EMPLOYMENT OPPORTUNITY

The Star City Volunteer Fire Department Inc. values diversity in the workplace. Men and women of all ages, cultural and ethnic backgrounds, religious and political affiliation, national origins, and people with disabilities are encouraged to apply.

CERTIFICATION AND AUTHORIZATION

Completion of this application doesn't ensure employment with the Star City Vol. Fire Department. The SCVFD will review all applications and upon completion of the review, you will be contacted and a formal interview will be scheduled. At that time, you may ask any questions you may have and the SCVFD will explain the steps necessary to complete the application process. The SCVFD will check with proper authorities concerning any prior criminal history. Certain criminal histories could be cause for rejection of your application, however each case will be considered individually depending on the circumstances involved.

I hereby authorize the SCVFD to obtain background information for the use of application process only.

I hereby certify that the statements contained herein are true and correct to the best of my knowledge. I understand that should an investigation disclose materials misrepresentation, omissions or falsification, my application may be rejected, or if a member, my membership and all rights and privileges of my membership may be immediately terminated.

I authorize the investigation of all statements contained herein, and direct the custodian of any records relevant to the conformation of these to release such information necessary for verification. I release any individual, institution, business or organization from any liability for damages, which might arise from the release of pertinent information.

I have read, or have read to me, the statement above and by my signature agree to these provisions.

SIGNATURE OF APPLICATION

DATE

Upon completion of the application you are required to attach the following:

- A copy of your valid state drivers license.
- Copies of all your certifications.

OFFICIAL STAR CITY VFD USE ONLY

Date received: _____ Interview date: _____

Approved [] Rejected [] Further Review []

Date hired: _____ Probation period ends: _____

INTERVIEW REMARKS:

Approval EMS Committee Signatures:

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Signature _____

Date

Signature

Date