



Star City Volunteer Fire Department

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status.

Date of Application: _____

Name: _____

Present Address: _____

Number

Street

City

State

Zip Code

How long have you resided at this address?: _____ Telephone Number: () _____

Social Security Number: ____ - ____ - ____ Date of Birth: ____ / ____ / ____ Driver's License Number: _____

Email: _____

Position applied for: _____

Emergency Contact Information

Name: _____ Relationship: _____

Address: _____

Number

Street

City

State

Zip Code

Telephone (Home): () _____

Telephone (Work/Cell): () _____

Are you currently, or in the past year, receiving any type of disability benefits (Worker's Compensation, partial pension, etc.) resulting from an on-the-job accident or other disabling injury? Yes No

Do you suffer from any condition that would prohibit you from participating in strenuous physical exertion? Yes No

Have you ever been convicted of a felony? Yes No

Have you ever been convicted of a misdemeanor? (Include traffic violations) Yes No

Past Employment (Beginning with Most Recent)

Name, Address, and Phone # of Company	From		To		Last Position Held		Starting Rate Per Hour	Ending Rate Per Hour	Reason for Leaving	Name of Supervisor
	Mo	Yr	Mo	Yr	Title	Duties				

Record of Education

School	Name and Addresses of School	Course of Study	Years Attended		Circle Last Year Completed	Did you Graduate?	List Diploma or Degree	Grade Average
			From	To				
High School					1 2 3 4			
College/VoTech					1 2 3 4			

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

Name
Address
Phone
Email
Years

Name
Address
Phone
Email
Years

Name
Address
Phone
Email
Years

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

ATTACH COPIES OF ALL APPLICABLE FIRE/EMS TRAINING CLASSES, ETC.

References (Three people not related to you):

Name	Address	Phone	Email	Years
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Name	Address	Phone	Email	Years
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Name	Address	Phone	Email	Years
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1. What achievement in life are you most proud of? _____
2. What are your personal strengths? _____
3. What are your weakest areas? _____
4. What are your five-year goals? _____
5. Why do you want to work at Star City EMS? _____
6. Can you perform the essential functions of this job, with or without accommodations? Yes No

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 rejections 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 will 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 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 had read to me, the statement above and by my signature agree to these provisions.

SIGNATURE OF APPLICANT

DATE

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

- A copy of your valid state driver's 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 REMARKKS:

Approval Signatures:

Administrator Signature Date

Asst. Chief Signature Date