# 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

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Position Applied For:	Date of	Date of Application:		
NAME:				
	RST MIDDLI	E		
LOCAL ADDRESS:				
CITY:	STATE:	ZIP:		
TELEPHONE (HOME):	(WORK/CELL)			
SOCIAL SECURITY NUMBER:		DOB:/		
DRIVER'S LICENSE NUMBER:		STATE:		
Email:				
EMERGENCY CONTACT INFORM	IATION			
NAME:	RELATIONS	HIP:		
ADDRESS:				
CITY:				
TELEPHONE (HOME):	(WORK/CELL	):		
Are you currently, or in the past year, re		-		
partial pension, etc.) resulting from an	on-the-job accident or other disablir	ng injury?		
YES NO if yes, plea	ase explain below:			

Do you st	uffer from any	condition that would prohibit you from participating in strenuous physical exertion?
YES	NO	if yes, please explain below:
PR		
Have you	u ever been co	nvicted of a felony?
YES	NO	if yes, please explain below:
Have vo	u ever been co	onvicted of a misdemeanor? (Include traffic violations)
-		if yes, please complete below:
		CITY & STATE:
		CITY & STATE:
CHAR	JE:	
		tement to explain circumstances of conviction if necessary.
Do yo	u have any c	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:	
ities:		Supervisor's Name:	
	Starting Wages:		
eason for leaving: Ending Wages			
Employer:	Phone:	From:	To:
Address		Position:	
Duties:		Supervisor's Name:	
		Starting Wages:	
Reason for leaving:		Ending Wages	

byer:		Phone:	From:	S. ETERO (LOS SERVICIOS POR PARA ESTADO (LOS SERVICIOS POR PAR
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	I		Position:	
5:			Supervisor's Name:	
			Starting Wages:	
			Starting Wages.	
on for leaving:			Ending Wages	
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ist any fire/rescue/ems or re	elated courses you have	e taken and where/ho	w obtained:	
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*ATTACH COPIES OF AL	L APPLICAPLE FIR.	E IRAIIVIIVG CLA.	MED, EIC.	
List any Fire/Ems organizati	ions you have been a m	nember of ( not inclu	ding prior or curren	t employers):
Organization	Address	Phon		
			e	Supervisor
Organization	Address	Pho		
Organization	Address	Phor		Supervisor Supervisor
Organization Organization	Address	Pho	ne	
Organization Organization (*If more room is needed use sepa:	Address		ne	Supervisor
Organization	Address		ne	Supervisor
Organization  (*If more room is needed use sepa	Address rate sheet)	Pho	ne	Supervisor
Organization	Address rate sheet)	Pho	ne	Supervisor
Organization  (*If more room is needed use sepa	Address rate sheet)	Pho	ne	Supervisor
Organization  (*If more room is needed use separately s	Address rate sheet) ople not related to	Phone you):	ne	Supervisor
Organization  (*If more room is needed use separately s	Address rate sheet) ople not related to	Phone you):	ne	Supervisor

#### 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 herby 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.

Y					
I have read, or have read to me, the statement above and by my signature agree to these provisions.					
SIGNATURE OF APPLICATION	DATE				
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# Upon completion of the application you are required to attach the following:

		А сору	of your valid state drivers	lice
-	No.	Copies	of all your certifications.	

# OFFICIAL STAR CITY VFD USE ONLY

Date received:	d:Interview date:					
	Approved [ ]	Rejected	[]	Further Review [ ]		
Date hired: INTERVIEW REM	IARKS:	Proba	tion period	l ends:		
Approval EMS Committee Signatures:						
Signature	Date		Signature		Date	
Signature	Date		Signature		Date	
Signature	Date		Signature		Date	
Signature Date		Signature		Date		