## **Weare Fire Rescue**

## **Application for Employment**

Weare Fire Rescue considers applications for employment without regard to race, color, national origin, ancestry, religion, sex, age, disability, political belief, military service, or any other protected class. Weare Fire Rescue is a drug free workplace.

Mail Application to: Fire Chief 144 North Stark Highway Weare, NH 03281

PERSONAL INFORMATION						
Name: Date:						
Email:						
Address:						
City:State:Zip Code:						
Home Phone:Mobile Phone:						
Are you at least 18 years of age? YES NO Date Available to Start:						
Do you have any relatives or friends working/volunteering here? YES NO						
Please list:						
POSITION INFORMATION						
Position(s) Applying For:						
Reason(s) for leaving:						
WORK REQUIREMENTS AND GENERAL INFORMATION						
Can you provide proof, if hired, that you are eligible to work in the U.S.? YES NO  Do you have a valid Driver's License? YES NO Class:						
Issued by what State? Driver's License #:						
List all moving violations (convictions) and accidents and any suspensions or revocations of your license in the last five years:						

		MILITARY E	XPERIEN	CE:		
Military Branch:		er Date:	Disch	narge Date:		
	Enter Date:Discharge Date: Job Description/Duties:					
(List only	CER y current certif	TIFICATION			nt interview)	
Certification	Certification	Certification Number Expiration		ation Date	Certifying A	Agency
FIREFIGHTER					, , ,	
EMT						
A EMT						
PARAMEDIC						
CPR						
CDL						
	ED	UCATION A	ND TRAII	NING		
Cabaal	Nama	То / Г	rom	Major	Crad	uata
School High School	Name	To / F	rom Major		Grad Yes	No No
College					Yes	No
Trade					Yes	
Other					Tes	No
MS/Fire service rela	ated training not li	sted above: _				

Although a conviction will not necessarily disqualify you from employment, have you ever been

## **EMPLOYMENT HISTORY**

I. Employer:								
Start Date:	End Da	nte:	Emp	ployer's Phone:				
Job Title:	ob Title:Supervisor:							
Job Description (inc	cluding duties ar	nd responsibiliti	es):					
May we contact?:	YES NO Re	ason for leaving	g:					
II. Employer:								
Start Date:	End Da	nte:	Emp	ployer's Phone:				
Job Title:		Sı	ıpervisor:					
Job Description (inc	cluding duties ar	nd responsibiliti	es):					
May we contact?:	YES NO Re	ason for leaving	g:					
III. Employer:								
Start Date:	End Da	ite:	Emp	ployer's Phone:				
Job Title:		Sı	ıpervisor:					
Job Description (inc	cluding duties ar	nd responsibiliti	es):					
May we contact?:	YES NO Re	ason for leaving	g:					
IV. Employer:								
				ployer's Phone:				
	-							
May we contact?:	YES NO Re	ason for leaving	ζ:					
, 								

WORK REFERENCES				
List three personal refe	rences that have known you for at least t	three years outside work.		
Name:	Address:			
Years Known:	Phone Number (including area o	code):		
Name:	Address:			
Years Known:	Phone Number (including area o	code):		
Name:	Address:			
	Phone Number (including area o			
	ACKNOWLEDGMENT	•		
any false information or discharge if hired.  If offered a position and	r the omission of information may be cor d at any time thereafter, I consent to med o perform the job duties.	nsidered as sufficient reason for my		
·	be required to undergo drug screening t	tests as a condition of employment.		
	at refusal to submit to an alcohol or drug om the Weare Fire Rescue.	screen test at any time will result in		
and to make any furthe	Weare Fire Rescue to investigate my emper investigation deemed necessary in contact a criminal history check, driving history of	nection with my application for		
Applicant's Signature: Date:				

Printed Name: