## Bittinger Volunteer Fire Department Inc Standard Application for Employment

| "Employer"                                  |                 |                        |                            | Position      | applying for             |                |                    |                       |             |                    |
|---|-----------------|------------------------|----------------------------|---------------|--------------------------|----------------|--------------------|-----------------------|-------------|--------------------|
|   |                 |                        |                            |               |                          |                |                    |                       |             |                    |
| PERSONAL DATA                               |                 |                        |                            |               |                          |                |                    |                       |             |                    |
| Name (last, first, middle)                  |                 |                        |                            |               |                          |                |                    |                       |             |                    |
| Street Address and/or Ma                    | ailing Address  | S                      |                            | Cit           | y                        |                |                    | State                 | Zip         |                    |
| Home Telephone Number                       | r               |                        | Business Telephone         | Number        |                          | Cellular T     | elephone           | Number                |             |                    |
| Date you can start work                     |                 |                        | Salary Desired             |               |                          | Do you ha      | ve a Higl<br>Yes [ | h School Diplo        | oma or GEI  | D?                 |
| POSITION INFO                               | RMATIO          | N Check all that       | you are willing to work    |               |                          |                |                    |                       |             |                    |
| Hours: Full Time<br>Part Time               |                 | Days<br>Eveni          | ngs 🗌                      |               | Swing Graveyard Weekends |                | Status:            | : Regular<br>Temporar | ту 🗆        |                    |
| Are you authorized to wo                    | ork in the U.S  | on an unrestricted     | basis?                     | l             |                          |                | Yes                | . 🗆                   | No          |                    |
| Have you ever been conv<br>If yes, explain: | icted of a feld | ony? (Convictions v    | vill not necessarily disqu | ualify an ap  | plicant for employ       | yment.)        | Yes                |                       | No          |                    |
| Have you been told the ex                   |                 | ions of the job or ha  | ave you been viewed a c    | copy of the j | ob description lis       | ting the esser | ntial func         | tions of the job      | o?          |                    |
| Can you perform these es                    | ssential functi | ions of the job with   | or without reasonable a    | accommodat    | tion? Yes                |                | No                 |                       |             |                    |
| QUALIFICATION<br>degrees, vocational or tec |                 |                        | r training you feel relate | es to the pos | ition applied for t      | hat would he   | lp you pe          | erform the wor        | k, such as  | schools, colleges, |
|   |                 | School Na              | ime                        | Degr          | ee                       |                | A                  | ddress/City/Sta       | ate         |                    |
| School                                      |                 |                        |                            |               |                          |                |                    |                       |             |                    |
| School                                      |                 |                        |                            |               |                          |                |                    |                       |             |                    |
| Other                                       |                 |                        |                            |               |                          |                |                    |                       |             |                    |
| SPECIAL SKILLS                              | List any spe    | ecial skills or experi | ence that you feel woul    | ld help you   | in the position that     | t you are app  | lying for          | (leadership, or       | rganization | ns/teams, etc.     |
|   |                 |                        |                            |               |                          |                |                    |                       |             |                    |
| REFERENCES<br>professional references, t    |                 |                        | erences not related to you | ou, with full | name, address, p         | hone number    | , and rela         | ntionship. If yo      | ou don't ha | ive three          |
| Name  |                 |                        | Address/Cit                | ty/State      |                          |                | Pho                | one                   | Re          | elationship        |
|   |                 |                        |                            |               |                          |                |                    |                       |             |                    |
|   |                 |                        |                            |               |                          |                |                    |                       |             |                    |
|   |                 |                        |                            |               |                          |                |                    |                       |             |                    |

| Job Title #1   | Start Date (r   | mo/day/yr)   | End Date (mo/day/yr)   |  |  |
|--|---|--|--|--|--|
| Company Name   | Supervisor's  | Name   | Phone Number   |  |  |
| City   | State   |  | Zip  |  |  |
| Duties:  | L   |  | ı  |  |  |
| Reason for Leaving   |   | Starting Salary  | Ending Salary  |  |  |
| May we contact your present employer   | ? Yes   | No N/A   |  |  |  |
| Job Title #2   | Start Date (1   | mo/day/yr)   | End Date (mo/day/yr)   |  |  |
| Company Name   | Supervisor's  | s Name   | Phone Number   |  |  |
| City   | State   |  | Zip  |  |  |
| Outies:  | •   |  |  |  |  |
| Reason for Leaving   |   | Starting Salary  | Ending Salary  |  |  |
|  |   | •  |  |  |  |
| Job Title #3   | Start Date (1   | mo/day/yr)   | End Date (mo/day/yr)   |  |  |
| Company Name   | Supervisor's  | s Name   | Phone Number   |  |  |
| City   | State   |  | Zip  |  |  |
|  |   |  |  |  |  |
| Duties:  |   |  |  |  |  |
|  | 1   | Starting Salary  | Ending Salary  |  |  |
|  |   | Starting Salary  | Ending Salary  |  |  |
| Reason for Leaving   | Start Date (1   |  |  |  |  |
| Reason for Leaving  Job Title #4   | Start Date (i   | mo/day/yr)   | End Date (mo/day/yr)   |  |  |
| Reason for Leaving  Job Title #4  Company Name   | Supervisor's  | mo/day/yr)   | End Date (mo/day/yr) Phone Number                                  |  |  |
| Reason for Leaving  Job Title #4  Company Name  City   |   | mo/day/yr)   | End Date (mo/day/yr)   |  |  |
| Duties:  Reason for Leaving  Job Title #4  Company Name  City  | Supervisor's  | mo/day/yr)   | End Date (mo/day/yr) Phone Number                                  |  |  |
| Reason for Leaving  Job Title #4  Company Name  City  Duties:  Reason for Leaving  I certify that the facts set forth in this Application and release the Employer of the Empl | Supervisor's  State  State  cation for Employment are tations may result in my disfrom any liability. The emp | mo/day/yr) s Name  Starting Salary  true and complete to the besmissal. I authorize the Employer may contact any liste | End Date (mo/day/yr) Phone Number Zip Ending Salary  Ending Salary |  |  |

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