

Bright Volunteer Fire Company Inc. Employment Application

Applicant Information

| Full Name: | | | | | | Date: | | | | | |
|---|---------------------------|----------------------|---------|---------|--|----------|---------------------|------------------|---------------|--------------|--|
| | Last | | First | | | M.I. | | | _ | | |
| Address: | Street Address | | | | | | | | Apartment/Uni | t # | |
| | City | | | | | | | State | | ZIP Code | |
| Phone: | | | | | Email_ | | | | | | |
| | | | | | | | Desired Salary: | | | | |
| Position Ap | plied for: | | | | | | | | | | |
| Are you a citizen of the United States? | | | YES | NO | YES N If no, are you authorized to work in the U.S.? | | | | | NO | |
| Have you ever worked for this compa | | | YES | NO | If yes, when? | | | | | | |
| Have you e | ver been convicte | ed of a felony? | YES | NO | | | | | | | |
| If yes, expla | ain: | | | | | | | | | | |
| | | | | Edu | ucation | | | | | | |
| | | | | | | | D: 137 | T | | | |
| | | Name & Location of S | | on of S | chool | | Did You Graduate | Subjects Studied | | ects Studied | |
| High Scho | ol | | | | | | | | | | |
| College | | | | | | | | | | | |
| Trade, Bus Correspon | siness or dence School | | | | | | | | | | |
| | | | | Refe | erences | ; | | | | | |
| Please list t | wo professional i | references. | | | | | | | | | |
| | Name | | Address | | | Business | | | | Years Known | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

Bright Volunteer Fire Department

Previous Employment

| Date Month | Nomo 9 Ac | dross of Employer | | Position | December Legying | | | | |
|------------------------|-------------------|---|----------------------------|-----------------------|------------------|-------------------------|--|--|--|
| & Year | Name & Ac | ddress of Employer | ' | Position | Rea | ason for Leaving | | | |
| From | | | | | | | | | |
| То | | | | | | | | | |
| From | | | | | | | | | |
| T- | | | | | | | | | |
| To From | | | | | | | | | |
| | | | | | | | | | |
| То | | | | | | | | | |
| | | Emerger | ncy Contacts | | | | | | |
| Please list two Em | nergency Contacts | | | | | | | | |
| Nar | me | Address | | Phone Numb | | Relationship | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | Milita | ry Service | | | | | | |
| Branch: | | | | From: | | To: | | | |
| Deal of Divile | | | T(D | | | | | | |
| Rank at Dischar | ge: | | Type of D | ischarge: | | | | | |
| If other than hon | orable, explain: | | | | | | | | |
| | | Disclaime | er & Signature | | | | | | |
| | | complete to the best of m t, I understand that false o | y knowledge. | rmation in my applico | ation or i | interview may result in | | | |
| Signature: | | | Date: | | | | | | |
| | | | | | | | | | |
| | | For Inter | nal Use Only | 1 | | | | | |
| Application Received: | | Reviewed: | | Interviewed: | | | | | |
| Business Meeting Date: | | | Service Being Date: | | | | | | |
| Certification Leve | el(s): | | | | | | | | |
| PSID Number: | | | Expiration / Renewal Date: | | | | | | |
| Chief Signature: | | | President Signature: | | | | | | |