Town of East Spencer Department of Fire



Application

201 South Long Street P.O. BOX 339 East Spencer, NC 28039 704-633-0055

East Spencer Fire Department Application

(Circle)					
Full Time	Part Time	Volunteer			
Position(s) Applied for		Date of Application			
Personal Information:					
Last Name	First Name	Middle Name			
Address (Please no P.O. Box)					
Telephone Number	Social S	ecurity Number			
Best time to contact you					
Home Phone Number: Cell Phone Number: E-mail Address:		rth:			
Class of License					
Do you have any previous fire If yes, please fill out the infor		perience?			
Fire Company/Department _					
Address:					
Contact:	Phone Phone	e Number:			
Fire Company/Department _					
Address:					
Contact:	Phone	Number:			

If you are under 18 years of age, can you provide required proof of eligibility to work?		Yes	No
Have you ever filed an application with the town? If so when?		Yes	No
May we contact your present employer? Yes		No	
Are you prevented from lawfully becoming employed in the United States? because of Visa or Immigration Status?			
(Proof of citizenship or immigration status will be required upon employment)		Yes	No
Have you been convicted of a felony? If so explain? (A criminal record does not constitute an automatic bar to employment and will be considered only as it relates to the job in question)		Yes	No

Please check any of the certification you have with the State of North Carolina

Level I Instructor
Level II Instructor
Hazmat Technician
Driver Operator Pumps
Driver Operator Aerials
Qualified Instructor
Fire & Life Safety Educator
Fire Officer II
Trench Rescue
Ag Rescue

NIMS Certification (circle) 100, 200, 300, 400, 700, 701, 702, 703, 704, 800

Any other Certifications:

 Did you hold any executive office or line officer positions?
 If yes, please list.

 Position
 Number of years

 Position
 Number of years

 Position
 Number of years

Education:			
College			
Graduation Year:			
Technical School:			
Number of years attended:			
High School			
Number of years attended:			
Diploma Received Y/N			
Do you have your GED:			
Diploma Received Y/N			
Employment History: Please list past and present	t employers, starti	ng with the most recent.	
Company:		Years employed:	
Position:	Address:		
Phone:			
Supervisor:			_
Type of business:			
Company:		Years employed:	
Position:	Address:		
Phone:			
Type of business:			
Company:		Years employed:	_
			_
Type of business:			

Personal References:

(Please no former employers or relatives)

_ Address:
_ Address:
Address
_ Address:

The purpose of the following questions is to obtain additional job-related information to evaluate you for the position for which you are applying or to provide us with statistics needed to evaluate our recruitment program as well as to prepare statistical reports required by Federal, State, and local agencies.

Employees are treated during the hiring process and employment without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply. The purpose for this Data Record is to comply with government recordkeeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file. **Please note:** YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

If you have any questions, please email <u>fdadmin@eastspencer.gov</u> or call East Spencer Fire Department @704-636-7111 Ext: 6

Please attach copies of the following items: -Valid Driver's License -High School Diploma/GED -Certification Transcript

Please drop all applications off at East Spencer Town Hall Monday-Friday 09:00 to 17:00 or Email to <u>fdadmin@eastspencer.gov</u>

I state that my personal information provided above is accurate to the best of my knowledge. I hereby authorize without reservation the procurement of a Report. Furthermore, I authorize any organization, person or agency to furnish information about me and I release any organization, person, agency and Town of East Spencer from any liability arising out of the request or release of the information contained in the Report.

Signed

		_Date
Review by ESFD		_Date
Application Approved	Application Denied	Date