

Application for
TOWN OF LYONS FIRE DEPARTMENT

(Form updated 10/28/2010)

Notice: Application must be typewritten or clearly printed in ink. All questions must be answered, if applicable. If not applicable, indicate NA. Applications, which are not complete or illegible, will not be considered. If space provided is not sufficient for complete answers, or you wish to furnish additional information, attach sheets of the same size as this application, and number the answers to correspond with questions. Information requested is needed for a bona fide occupation qualification or other legally permissible reasons.

NAME (Last, First & Middle):

List all other names you have used including nicknames; if female, furnish maiden name. If you have ever used surnames other than your true name, during what period and under what circumstances were these names used? _____

If you have ever legally changed your name, give date, place and court _____.

Birth Date (month, day, year): _____

Driver's License Number: _____ (must furnish copy of DL or ID card)

Social Security Number: _____

Telephone Numbers: Residence: _____ If necessary, best time to call _____

Cell: _____ If necessary, best time to call _____

Work: _____ If necessary, best time to call _____

E-Mail: _____

Please list any health/medical conditions and describe and physical defects: _____

RESIDENCE:

List chronologically **ALL** of your past residences during the past three years, beginning with your current address. (Include addresses while attending school if away from home and all military address including any off base.)

From	To	Apt #	Street Address	City	State

EDUCATION:

List all schools attended, beginning with High School and including any other coursework, certifications, fire service or emergency medical service related training.

Name of School	Location of School	From	To	Course Pursued	Degree of Diploma

REFERENCES:

List name and telephone number of three business/work references that are not related to you and are not previous supervisors. If not applicable, list three school or personal references that are not related to you.

Name	Telephone	Years Known	Relationship

List professional, trade, business or civic associations and any offices held. (Exclude memberships that would reveal sex, race, religion, national origin, color, age, disability or other protected status.)

Organization	Offices Held

List special accomplishments, publication awards. (Exclude information that would reveal sex, race, religion, national origin, color, age, disability or other protected status.) _____

List any additional information you would like us to consider. _____

EMPLOYMENT:

List chronologically all employment, including military experience, summer and part-time employment while attending school. All time must be accounted for. If unemployed for a period of time, indicate, setting forth dates of employment.

Employer	Phone # & Address	From – To	Type of Work	Reason for leaving

If you wish to furnish additional information, attach sheets of the same size as this application and number the answers to correspond with questions.

Skills & Qualifications: Summarize special skills and qualifications acquired from employment or other experiences that may qualify you for this position. _____

COURT RECORD:

Have you ever been convicted of any violation including traffic, but not parking tickets? _____
 If yes, list all such matters below. Such convictions may be relevant if job related, but do not bar you from employment.

Date	Location	Charge	Final Disposition	Details

AVAILABILITY:

List normal times you will **NOT** be available to respond to fire/rescue calls.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From							
To							

Will your employer allow you to leave work for fire/rescue calls? _____

EXPERIENCE:

Have you ever been a member of another fire department or rescue squad? _____

If yes, complete the following information:

Name of Department	From	To	Reason for Leaving

Reason for applying for membership with the Town of Lyons Fire Department:

It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the department’s service if I have been employed. Furthermore, I understand that just as I am free to resign at any time, the department reserves the right to terminate my service. I understand that no representative of the department has the authority to make assurances to the contrary.

I give the department the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the department and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The department is an Equal Opportunity Employer. The department does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant’s consideration for employment on a basis prohibited by local, state, or federal law.

This application is current for only 60 days. At conclusion of this time, if I have not been contacted by the department and still wish to be considered for employment, it will be necessary to fill out a new application.

Signature of Applicant _____ Date Signed _____

Following dates to be filled in by LFD

Applicant’s acceptance by Executive Board: _____

Applicant’s official start date: _____