

Application for
TOWN OF LYONS FIRE DEPARTMENT / RESCUE SQUAD

(Form updated 1/1/2020)

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.

Birth Date (month, day, year): _____

Driver's License Number: _____

Telephone Numbers: Residence: _____

Cell: _____

Work: _____

E-Mail: _____

Position Applying For: ___ Part time Paid ___ Volunteer ___ Firefighter ___ EMT/AEMT

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

Describe any training you have that is not covered, such as correspondence courses, in-service training, or volunteer work which you feel is relevant to the job for which you are applying. Also include relevant licenses, certificates, typing speed, dictation rate and office machines you operate. _____

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.

May we contact your present employer? ___Yes ___No

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.

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

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

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 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 1 year. 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: _____