

**OLD RICHMOND VOLUNTEER FIRE DEPARTMENT
AND RESCUE SQUAD, INC.**

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Old Richmond Volunteer Fire Department and Rescue Squad, Inc. does not discriminate on the basis of race, religion, national origin, color, sex, age, veteran status, or disability. It is our intention that all qualified applicants be given equal opportunity and that selection decisions are based on job-related factors.

Date: _____

Position Desired (list only one per application): _____

PERSONAL

Name: _____
Last Middle First

Social Security Number: _____

North Carolina Driver's License Number/Class _____ CDL: Yes / No

Are you 18 years of age or older (for driving jobs)? Yes / No

Have you had your driver's license revoked or suspended in the last 3 years? Yes/No

Home Address: _____

County: _____

Home Phone: _____

Cell Phone/Pager: _____

If hired, can you furnish proof you are eligible to work in the United States? Yes/No

Have you ever been convicted of a felony? Yes/No (If Yes, please attach a letter of explanation.)

Have you previously applied here? Yes/No If Yes, when? _____

List other names you have used when previously employed (such as maiden name or married name): _____

U. S. MILITARY SERVICE

Branch _____ Date _____ Rank at Time of Separation _____

Duty Assignments _____

Education or Work Experience Acquired _____

EDUCATION

Official copies of transcripts, certificates, etc., may be required.

High School _____ Circle grade level completed
1 2 3 4 5 6 7 8 9 10 11 12 Diploma _____ GED _____

Business/Trade School,
Technical College _____ From _____ To _____ Degree _____
Graduated Yes No Cum. GPA _____ Major _____ GPA _____ Minor _____

Colleges 1. _____ From _____ To _____ Degree _____
Graduated Yes No Cum. GPA _____ Major _____ GPA _____ Minor _____

2. _____ From _____ To _____ Degree _____
Graduated Yes No Cum. GPA _____ Major _____ GPA _____ Minor _____

Graduate School 3. _____ From _____ To _____ Degree _____
Graduated Yes No Cum. GPA _____ Major _____ GPA _____ Minor _____

SPECIAL QUALIFICATIONS AND SKILLS

Do you hold a professional license or certificate (e.g., Registered Nurse, Teacher, CPA)?

If "yes," provide State or licensing authority and date _____

Typing Speed: WPM _____ Keypunch Strokes: _____

Years of experience: Typing _____ PC's _____ Mainframes _____

List any computer hardware and software skills _____

List any special operator skills you have (e.g., business machines, scientific, or professional equipment)

List any foreign languages in which you are fluent.

EXPERIENCE

Start with your present or most recent position and work backwards. DO NOT REFER TO RESUME.

May inquiry be made of your present employer regarding your employment record? Yes No

1 Dates of employment (month, year) From _____ To _____		Exact title of position	Number and kind of employees supervised	
Salary	Hours worked per week	Company telephone number	Kind of business	
Starting \$ _____ per				
Present \$ _____ per				
Name and complete mailing address of company		Name, title, and present address of immediate supervisor		
		Current phone number _____		
		Email Address _____		
Reason for leaving/wanting to leave				
Description of work				

2 Dates of employment (month, year) From _____ To _____		Exact title of position	Number and kind of employees supervised	
Salary	Hours worked per week	Company telephone number	Kind of business	
Starting \$ _____ per				
Present \$ _____ per				
Name and complete mailing address of company		Name, title, and present address of immediate supervisor		
		Current phone number _____		
		Email Address _____		
Reason for leaving				
Description of work				

3 Dates of employment (month, year) From _____ To _____		Exact title of position	Number and kind of employees supervised	
Salary	Hours worked per week	Company telephone number	Kind of business	
Starting \$ _____ per				
Present \$ _____ per				
Name and complete mailing address of company		Name, title, and present address of immediate supervisor		
		Current phone number _____		
		Email Address _____		
Reason for leaving				
Description of work				

EXPERIENCE

Continue to list additional experience.

Dates of employment (month, year) From _____ To _____		Exact title of position	Number and kind of employees supervised	
Salary		Hours worked per week	Company telephone number	Kind of business
Starting \$	per			
Present \$	per			
Name and complete mailing address of company			Name, title, and present address of immediate supervised	
			Current phone number _____	
			Email Address _____	
Reason for leaving				
Description of work				

Dates of employment (month, year) From _____ To _____		Exact title of position	Number and kind of employees supervised	
Salary		Hours worked per week	Company telephone number	Kind of business
Starting \$	per			
Present \$	per			
Name and complete mailing address of company			Name, title, and present address of immediate supervised	
			Current phone number _____	
			Email Address _____	
Reason for leaving				
Description of work				

Dates of employment (month, year) From _____ To _____		Exact title of position	Number and kind of employees supervised	
Salary		Hours worked per week	Company telephone number	Kind of business
Starting \$	per			
Present \$	per			
Name and complete mailing address of company			Name, title, and present address of immediate supervised	
			Current phone number _____	
			Email Address _____	
Reason for leaving				
Description of work				

Personal References

Name/Occupation

Address

Phone Number

Affidavit

I certify that all information I have provided in this application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I understand that the employer may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from neighbors, friends, former employers, schools, and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation. I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers, and organizations named in this application to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. *I further understand that I must supply the Old Richmond Volunteer Fire Department and Rescue Squad, Inc. with a current copy of my criminal and driving records in order for this application to be considered.* **I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.** I have read, understand, and by my signature consent to these statements.

Signature: _____ Date: _____