

VOLUNTEER FIRE DEPARTMENT OF SEYMOUR, INC
EMPLOYMENT APPLICATION

Admin / HR Office:
 7915 Chapman Hwy
 Knoxville, TN 37920
 (865) 851-1157 ext 2



TODAY'S DATE: _____

APPLICANT INFORMATION

Last Name		First		Middle		18 years old or older	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Street Address				Apartment /Unit #				
City			State		ZIP			
Cell Phone			Email					
Can you receive text?		Service Provider			Driver's License #			
Position applying for	FF <input type="checkbox"/>	EMS/1 st Responder <input type="checkbox"/>	Driver/Operator <input type="checkbox"/>	Support Services <input type="checkbox"/>				
Are you legal to work in the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Have you ever worked as a FF?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when & where?					
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain					
Have you read the job description and can perform the essential functions of the job? YES <input type="checkbox"/> NO <input type="checkbox"/>								

EDUCATION

High School			Address					
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
College			Address					
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
Other			Address					
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			

REFERENCES

Please list **three** professional and or personal references . . . **NOT** related to you

Full Name			Relationship					
Employer			Phone/Email					
Address								
Full Name			Relationship					
Employer			Phone/Email					
Address								
Full Name			Relationship					
Employer			Phone/Email					
Address								

WORK HISTORY					
Job Title				Supervisors Name:	
Company Name:					
Address:				Phone:	
From		To		Reason for Leaving	
May we contact this supervisor for a reference?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, what's reason
Job Title				Supervisors Name:	
Company Name:					
Address:				Phone:	
From		To		Reason for Leaving	
May we contact this supervisor for a reference?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, what's reason
FIREFIGHTER OR EMS EXPERIENCE					
Department:				Phone:	
City / State:				Supervisor:	
Responsibilities:					
From:		To:		Reason for Leaving?	
Department:				Phone:	
City / State:				Supervisor:	
Responsibilities:					
From:		To:		Reason for Leaving?	
MILITARY SERVICE					
Branch				From	To
Rank at Discharge				Type of Discharge	
If other than honorable, explain					

DO YOU CONSENT TO A BACKGROUND CHECK?		YES	NO
If no, please explain:			
<p>I certify that the facts set forth in this application are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize the Employer to make an investigation of any of the facts set forth in this application and release the Employer from any liability. The employer may contact any listed references on this application. I acknowledge and understand that SVFD is an "at will" employer. Therefore, any employee may resign at any time, just as the employer may terminate the employment relationship with any employee at any time, with or without cause, with or without notice to the other party.</p>			
Applicant Signature:		Date:	

I have read and understand this membership application & understand that any and all information will be verified. I also certify that my answers are true and complete to the best of my knowledge.

I authorize the verification of the information provided on this form as to my credit and employment. If this application leads to future employment, I understand that false or misleading information in my application or interview may result in my release.

I also agree to a **background check and a drug test** with the understanding that **passing both** is a requirement to become a member of the *Volunteer Fire Department of Seymour, Inc.*

I agree that I will conduct myself in the professional manner outlined in the copy of the SOG that I will obtain. I promise to **not** misrepresent myself as a member of the *Volunteer Fire Department of Seymour* as I go through the application process.

PRINT NAME: _____ DATE: _____
month/day/year

SIGNATURE of APPLICANT: _____
must sign in presence of notary

Notary Name: _____ DATE: _____
first & last month/day/year

Notary Signature: _____

Commission Expiration Date: _____
month/day/year

STAMP SEAL HERE