

Wrightstown Fire Department
APPLICATION FOR EMPLOYMENT
 (Pre-Employment Questionnaire) (An Equal Opportunity Employer)

Personal Information

Date _____

Name _____ Social Security # _____
Last First Middle

Address _____
Street City State Zip

Phone # _____ Are you 18 Years of age or older? Yes No

Drivers License # _____ Restrictions _____

Have you ever been convicted of a misdemeanor or felony? Yes No

If So, Please specify: _____

Special Questions

DOB _____ Height _____ Weight _____ Citizen of U.S. Yes No

What Foreign Languages do you speak fluently? _____ Read _____ Write _____

Marital Status: _____ Spouse's Name: _____

Children's Names: _____

Employment

Present Employer: _____ Working Hours: _____

Previous Employment: _____

Reason for leaving: _____

Special Skills: _____

Describe your reasons for wanting to be a member of the Wrightstown Fire Department:

References:

Give the names of two persons not related to you, whom you have known at least one year.

Name	Address	Business	Years Acquainted
1			
2			

Education	Name and Location of School	No. of Years	Did you
		Attended	Graduate?
Grammar School			
High School			
College			
Trade, Business or Correspondence School			

Physical Record:

Do you have any physical limitations that preclude you from performing any work for which you are being considered? Yes No Please Describe: _____

In Case of emergency notify: _____
Name Address Phone

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. I understand and agree that, if hired, my employment if for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice."

Signature _____ Date _____

DO NOT WRITE BELOW THIS LINE

Interviewed by: _____	Date _____
Notes: _____ _____	
Yes <input type="checkbox"/> No <input type="checkbox"/>	Hire: _____
Position: _____	Date reporting to work _____
Approved: 1. _____	2. _____
Employment Manager	Department Head
	3. _____ General Manager