

Firefighter Application

Bronson Fire Rescue

We consider applications for all positions without regards to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Applications must be signed and dated. Unsigned applications will not be processed. Applications can be emailed to: firechief@townofbronson.org.

PLEASE PRINT NEATLY

DATE: _____

POSITION APPLYING FOR _____

NAME: _____
LAST FIRST MIDDLE NAME

911 ADDRESS _____
NUMBER STREET CITY STATE

MAILING ADDRESS: _____
FULL MAILING ADDRESS

HOME TELEPHONE: _____ WORK TELEPHONE _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH _____

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: HIGH SCHOOL COLLEGE GRADUATE SCHOOL

| | Name and Address of School | Course of study | Years completed | Diploma/Degree |
|-----------------------|----------------------------|-----------------|-----------------|----------------|
| Elementary School | | | | |
| High School | | | | |
| Undergraduate School | | | | |
| Graduate Professional | | | | |
| Other (specify) | | | | |

Firefighter Application

Do you possess a valid driver's license? Yes ___ No ___ Number _____
Expiration Date: _____ Class: _____
Endorsements: _____

Have you ever been employed by the Town of Bronson? Yes ___ No ___ if yes complete the following:

Length of service: _____ Position Held: _____ Department: _____

Have you ever been discharged, terminated or forced to resign for misconduct or unsatisfactory service from any job?

Yes ___ No ___ If yes please explain: _____

Are you related to any City Officials or employees? Yes ___ No ___ If yes please state:

Name _____ Department _____ Relationship _____

Have you ever been convicted of violation of any law, police regulation, or ordinance other than non-criminal traffic violations (include convictions incurred while in military service). Yes ___ No ___

If yes, please describe the conviction(s). Include date, charge, location, disposition, and courts. _____

REFERENCES

Please list three responsible persons (other than relatives or past employers) who have knowledge of your qualifications for employment.

| NAME | OCCUPATION | ADDRESS | PHONE NUMBER | YEARS KNOWN |
|------|------------|---------|--------------|-------------|
|------|------------|---------|--------------|-------------|

ADDITIONAL INFORMATION

Describe any specialized training, apprenticeship, skills, and extra-curricular activities:

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Describe any job related training received in the United States Military:

State any additional information you feel may be helpful to use in considering your application:

Note to Applicant: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

Yes _____ No _____

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at this time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also that I am required to abide by all rules and regulations of the employer.

Signature of applicant _____ Date _____