

# Windsor-Severance Fire Protection District Application for Employment

**Windsor-Severance Fire Protection District is an Equal Opportunity Employer**

Volunteer Position Applying For: \_\_\_\_\_

Date: \_\_\_\_\_

Traditional (respond to calls from home)  Shift (respond to calls while on shift at the station)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone #: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Pager) \_\_\_\_\_

Are you 21 years of age or older? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a U.S. Citizen or an alien authorized to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

**The District completes a driver's license and criminal background check and drug screen on all applicants. Your signature on the District's Background Authorization Form is required. Any felony or misdemeanor may disqualify you from this process.**

Have you had Fire and/or Rescue service experience? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Address of Organization: \_\_\_\_\_

Phone #: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Dates Served: \_\_\_\_\_ At the time of your departure, what were your general responsibilities? \_\_\_\_\_

What skills, qualifications and/or certificates do you possess? \_\_\_\_\_

Education:	School	Course	Did you graduate?	Year
High:	_____	_____	_____	_____
College:	_____	_____	_____	_____
Other:	_____	_____	_____	_____

**Experience:** (List the last two companies you have worked for)

Name of Company: \_\_\_\_\_

Address of Company: \_\_\_\_\_

Phone #: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates Employed From \_\_\_\_\_ To \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Address of Company: \_\_\_\_\_

Phone #: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates Employed From \_\_\_\_\_ To \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

**Military Service:**

Branch: \_\_\_\_\_ Discharge Date: \_\_\_\_\_

National Guard/Reserve: Yes \_\_\_\_\_ No \_\_\_\_\_ Date obligation Ends: \_\_\_\_\_

Special Training Received: \_\_\_\_\_

**Reference:**

Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Pager \_\_\_\_\_

Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Pager \_\_\_\_\_

Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Pager \_\_\_\_\_

I acknowledge that the District is relying on the information given, and I certify that the information on this form is true to the best of my knowledge. I authorize the District to obtain information from any person named above, and I release all concerned from any liability in connection with obtaining and releasing such information.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Please give us a brief summary of why you want to be a volunteer and why you want to volunteer for Windsor-

Severance Fire: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**For District Use Only:**

Date Application Received:			
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