

EMPLOYMENT

Current: _____

Phone: _____

Previous: _____

Phone: _____

(If Less Than 2 Years at Current)

EDUCATION - TRAINING - EXPERIENCE:

Type of School: _____

Name: _____

Location: _____

Dates of Attendance: _____

Diploma/ Degree/Certificate/License: _____

LICENSE/CERTIFICATION:

License No.: _____

Date Issued: _____

Date Expire: _____

Issued By: _____

(State/Authority)

EXPERIENCE:

List any previous fire service or EMS experience/other departments with which you have volunteered.

____/____/____	____/____/____	_____
____/____/____	____/____/____	_____
____/____/____	____/____/____	_____
____/____/____	____/____/____	_____

From:

To:

Location/Entity:

SKILLS - QUALIFICATIONS - RESTRICTIONS:

List all skills you have that might benefit the Fire Department such as auto mechanical, computer, construction trades, foreign language skills, etc.

HAVE YOU EVER BEEN CONVICTED OR ARE YOU CURRENTLY CHARGED, AWAITING TRIAL, OR ON PROBATION FOR ANY CRIMINAL OFFENSE?

____ No ____ Yes

Explain: _____

TRAFFIC TICKETS (In the Last 3 Years)

REFERENCES:

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

ATTACHMENTS:

Attach a photocopy of your current driver's license.

Attach photocopies of any state license to practice emergency (or other) medical care, firefighter certification documentation or other licenses, certifications or training records which may relate to emergency services

PLEASE READ THE FOLLOWING STATEMENTS AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED

- 1 I certify that all the information provided by me in connection with this application, or attachments, is true and complete, and that I understand that any misstatement, falsification, or omission of information may be grounds for rejection of the applicant or termination of membership.

2. I understand that the Westover Municipal Fire Department, the City of Westover, Alabama, or their agents, may check with the Alabama Department of Public Safety or other law enforcement agencies to verify driving or other records in accordance with applicable statutes. Furthermore, I understand that the Westover Municipal Fire Department, the City of Westover, Alabama or their agents, may check with other fire departments to verify my former membership and or status with those departments.

3. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and release all such parties from all liability from any damages which may result from furnishing such information to you.

SIGNATURE: _____
(Applicant Signature) (Date)

WITNESS: _____
(Signature) (Date)