



**Whitney Area Fire District
Membership / Employment
Application**

Position Applied For:		Date of Application	
Name		Phone:	
Address		Social Security #	
City, State, Zip			
Full Time _____ Part Time _____ Volunteer _____		Sex: M _____ F _____	Date of Birth
Drivers License #	State:	Class:	Are you a US Citizen: Yes _____ No _____
Are you currently enlisted in the US Military? Yes _____ No _____		Status:	
Do you wear corrective lenses?		Yes _____ No _____	
Are you currently employed?		Yes _____ No _____	
Are you a member of another Fire Department?		Yes _____ No _____	
If so, which Department?			
Current Position:		How Long?	
If you are applying for Volunteer status please indicate time you will be available:			

Education				
School Name	Address	Course of Study	Date Completed	Diploma/Degree
High School:				
College:				
Professional Graduate:				
Other:				

Describe any specialized training, apprenticeships or skills

Describe any job related training received in the US Military

Additional information / Other qualifications

Personal / Professional References

Name:	Phone Number:	Best time to call:	Occupation:

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

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Work Experience

Start with your present or last place of employment. Include any job related Military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	From	To	May we contact
Address			Yes <input type="checkbox"/> No <input type="checkbox"/>
Address	Work Duties		
Supervisor			
Telephone #			
Reason for leaving			
Employer	From	To	May we contact
Address			Yes <input type="checkbox"/> No <input type="checkbox"/>
Address	Work Duties		
Supervisor			
Telephone #			
Reason for leaving			
Employer	From	To	May we contact
Address			Yes <input type="checkbox"/> No <input type="checkbox"/>
Address	Work Duties		
Supervisor			
Telephone #			
Reason for leaving			
Employer	From	To	May we contact
Address			Yes <input type="checkbox"/> No <input type="checkbox"/>
Address	Work Duties		
Supervisor			
Telephone #			
Reason for leaving			

I certify that the information contained in this application is true and correct.

Whitney Area Fire Department has my permission to investigate my past employment and related personal history for employment considerations. It is understood that if offered a position, I will be required to go through a physical evaluation, a medical exam, and drug testing. A position with the Department will be contingent upon the results of the above testing. I further understand that false statements or omissions may be cause for rejection of my application.

Applicant Signature: _____ **Date:** _____