

ARMADA TOWNSHIP FIRE DEPARTMENT

Employment Application



APPLICANT INFORMATION													
Last Name			First			M.I.		Date					
Street Address						Apartment/Unit #							
City			State			ZIP							
Phone			E-mail Address										
Date Available			Social Security No.			Desired Salary							
Position Applied for													
Are you a citizen of the United States?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>		NO <input type="checkbox"/>	
Have you ever worked for this company?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, when?						
Have you ever been convicted of a felony?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, explain						
EDUCATION													
High School			Address										
From		To		Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
College			Address										
From		To		Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
Other			Address										
From		To		Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
REFERENCES													
<i>Please list three professional references.</i>													
Full Name			Relationship										
Company			Phone										
Address													
Full Name			Relationship										
Company			Phone										
Address													
Full Name			Relationship										
Company			Phone										
Address													

PREVIOUS EMPLOYMENT			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date