

Application for Employment

Full Time

Village of Somers
Fire and Rescue Department

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

(please print)

						Date of Application
How did you learn about us?						
Advertisement		Friend		Walk-In		Facebook/Social Media
Employment Agency		Relative		Other _____		
Last Name		First Name		Middle Name		
Address	Number	Street	City	State	Zip code	
Telephone Number(s)				Social Security Number		

Circle one

Have you ever filed an application with us before? Yes No

If Yes, give date

Have you ever been employed with us before? Yes No

If Yes, give date

Are you currently employed? Yes No

May we contact your current employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

proof of citizenship or immigration status will be required upon employment

On what date would you be available for work? _____

Are you currently on "Lay-Off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you ever been convicted of a felony within the last seven (7) years? Yes No

If Yes, please explain

Employment Experience

Start with your present or last job. 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.

1. Employer	Dates Employed From to	Work Performed
Address		
Telephone Number(s)	Hourly Rate/Salary Starting Final	
Job Title		
Reason for Leaving		

2. Employer	Dates Employed From to	Work Performed
Address		
Telephone Number(s)	Hourly Rate/Salary Starting Final	
Job Title		
Reason for Leaving		

3. Employer	Dates Employed From to	Work Performed
Address		
Telephone Number(s)	Hourly Rate/Salary Starting Final	
Job Title		
Reason for Leaving		

If you need additional space, please continue on a separate sheet of paper.

Have you ever been or currently on another fire department? Yes No

Name or Names of fire department and phone numbers and Number of Years served on each Department

Are you currently a POC member of Somers Fire Department Yes No
 if yes how many years have you been with Somers _____

List professional, trade, business or civic activities and offices held.
 You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Education

	Course of Study	Years Completed	Diploma/Degree
High School			
Undergraduate College			
Graduate/Professional			
Other (Specify)			
Military Yes No Branch: Formal Documentation will be required for Military Points in Hiring Process.	Active or Non-active		Type of discharge

Check all certifications/licensures that apply

Include copies of FF1,FF2, Paramedic, Driver Operator Pumper and Aerial if you have those certifications.

Firefighter 1	Firefighter 2	Driver Operator/MPO	Aerial Driver
EMT Basic	AEMT	EMT I-99/Paramedic	CPR ACLS PALS

Describe any specialized training, apprenticeship, skills, extra-curricular activities and languages you speak.

Describe any job-related training received.

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in the 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 1 year from the date of submission. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that 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 an 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: _____

Additional Notes:

*****FOR PERSONNEL DEPARTMENT USE ONLY*****

Arrange Interview Yes No
Remarks _____

Interview Date _____

Employed Yes No Date of Employment _____
Job Title _____ Hourly Rate? _____
Salary _____ Department _____

By _____
Name and Title Date