

RESCUE TECH

EMPLOYMENT APPLICATION

This application should be submitted to:
contact@sullivanwest.com or dropped off at the station.

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

Position applied for: Full Time

Agency : Sullivan West VFD, 113 Rosemont St, Kingsport, TN 37660

Note: Federal law prohibits members from working at the agency where they volunteer.

Name (Last, First, Middle): _____

E-mail address: _____

REQUIRED: Do you have a current EMR or higher certification? Yes No Number: _____

ADDRESS INFORMATION

Address: _____ Apt #. _____

City: _____ State _____ Zip _____

Phone #: _____ Alternate Phone #: _____

EMERGENCY CONTACT INFORMATION

Name (Last, First): _____ Relation _____

Address: _____ Apt #. _____

City: _____ State _____ Zip _____

Phone #: _____ Alternate Phone #: _____

GENERAL INFORMATION

Are you currently employed? Yes No Date you can begin work: _____

If seeking employment, may we contact your present employer? Yes No NA

Have you ever filed an application with us before? Yes No If Yes, give date: _____

Have you ever volunteered with us before? Yes No

If Yes, give date: _____ Agency _____

Have you ever plead guilty or no contest to any charge? Yes No

If Yes, give details: _____

If seeking employment, are you a United States citizen, a national of the United States, an alien lawfully admitted for permanent residence, or otherwise authorized to work in the United States? Yes No

EDUCATION

	Name of School	Address	Years Complete	Did You Graduate?	Major/Type of Degree
High School					
College					
Graduate or Professional					
Technical/ Trade or Other					

PREVIOUS EMPLOYMENT/VOLUNTEER SERVICE

Start with your present or last experience. Include any job-related volunteer activities. You may exclude organizations that indicate race, color, national origin, disability, sexual or religious orientation, or any other protected status.

1. Employer/Company: _____

Dates: From _____ To _____ Currently Employed

Address: _____

City, State, Zip: _____

Supervisor: _____ Phone: _____

Ending/Current Salary/Hourly Wage: _____ Reason for Leaving: _____

2. Employer/Company: _____

Dates: From _____ To _____

Address: _____

City, State, Zip: _____

Supervisor: _____ Phone: _____

Ending/Current Salary/Hourly Wage: _____ Reason for Leaving: _____

3. Employer/Company: _____

Dates: From _____ To _____

Address: _____

City, State, Zip: _____

Supervisor: _____ Phone: _____

Ending/Current Salary/Hourly Wage: _____ Reason for Leaving: _____

Are there any employers I services you DO NOT wish us to contact? _____

Have you ever been discharged by a previous employer? Yes No

If Yes, when? _____

Give details: _____

US MILITARY SERVICE

Yes No Branch _____

Induction Date: _____ Discharge Date: _____ Rank: _____

Specialty: _____ Service Schoo

Is: _____

DRIVERS LICENSE INFORMATION

State: _____ License #: _____ Class: _____ Years Driving: _____

Driving Violations (List all received within the past 3 years)		Date	Disposition & Fine
1.			
2.			
3.			
4.			
5.			

Automobile Accidents		Date	Location
1.			
2.			
3.			
4.			
5.			

PROFESSIONAL CERTIFICATIONS

List all applicable certifications and professional or military training received.

MUST HAVE current EMR or higher medical certification.

	Course	Certification #	Date	Expires	Course Location
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

PERSONAL REFERENCES (other than relatives)

	Name	Address (include city, state, zip)	Phone
1.			
2.			
3.			

APPLICATION AGREEMENT

In completing this application, and any supplements to this application, I certify that information given herein is true and complete to the best of my knowledge. I understand that misrepresentation or omission of facts is cause for cancellation of this application or separation from the company's service if chosen. I understand also, that I am required to abide by all rules and regulations of the organization with which I'm employed. I agree that this organization shall not be liable in any respect if my association is terminated because of the falsity of statements made by me on this application.

I authorize investigation of all statements contained in this application, which may include a criminal background and motor vehicle record check, as may be necessary for arriving at a decision.

I understand that information concerning my past record will be sought from my previous employers and other sources and I hereby release from all liability or damages those individuals, corporations, or organizations who provide such information. I understand that any such information provided shall become the exclusive property of the organization.

I understand and acknowledge that, unless otherwise defined by applicable law, any association with the company is of an 'at will' nature, which means that I may resign at any time and the organization may discharge me at any time with or without cause. I further understand that this 'at will' relationship may not be changed unless specifically agreed to in writing by an authorized executive of this company. This certifies that this application was completed accurately and honestly by me or at my direction.

APPLICANT'S SIGNATURE: _____ DATE: _____

EMPLOYER USE ONLY

Date Application Received: _____

References Checked? Yes No

Past Employers Checked? Yes No

Status: Hire | Deny | Hold

Dedication: Full Time | Part Time

Organization(s) Assigned To: BVFD | SWVFD | WPVFD

If Denied, Reason(s): _____

Orientation Date: _____