



TOWN OF HARRISON
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**HARRISON VOLUNTEER
 FIRE DEPARTMENT/
 FIRST RESPONDERS**

APPLICATION FOR EMPLOYMENT
 (An Equal Opportunity Employer)

Title of Position OR Department Applying For: _____

First Date Available for Work: _____ Last Date Available for Work: _____

NAME _____ RES. PHONE _____

ADDRESS (STREET) _____ BUS. PHONE _____

(CITY, STATE, ZIP CODE) _____

Are you at least 18 years of age? Yes No

Are you a resident of the Town of Harrison? Yes No

Have you ever been employed by the Town of Harrison? Yes No

If yes, when, in what position? _____

Have you ever been convicted of a felony? Yes No

If yes, please Explain: _____

SCHOOL SECTION

HIGHEST GRADE OR YEAR COMPLETED IN PRIMARY OR SECONDARY SCHOOL
 (CIRCLE ONE)

1 2 3 4 5 6 7 8 9 10 11 12 GRADUATE? Yes No

NAME AND LOCATION OF HIGH SCHOOL _____

If you have not received a high school diploma, have you passed a high school equivalency or GED test? Yes No

TRAINING BEYOND HIGH SCHOOL COLLEGE OR UNIVERSITY, NURSING, BUSINESS COLLEGE, OR OTHER SCHOOLS ATTENDED	CIRCLE THE NUMBER OF YEARS COMPLETED IN A POST-SECONDARY SCHOOL							
	1	2	3	4	5	6	7	8
College, University or School Name and Location	Presently Attending		Major Field		Degree Conferred and Year			
	YES	NO						
	YES	NO						
	YES	NO						

Describe any education or training you have had which is not covered above, such as vocational school, correspondence courses, etc.
 List dates.

OVER

EMPLOYMENT HISTORY

List your past three WORK experiences (paid or volunteer) starting with the most recent.

1)

Position Held	Position Description		
Employer	Address	Phone	
Supervisor	Dates of Employment:	From	To
Reason for leaving			

2)

Position Held	Position Description		
Employer	Address	Phone	
Supervisor	Dates of Employment:	From	To
Reason for leaving			

3)

Position Held	Position Description		
Employer	Address	Phone	
Supervisor	Dates of Employment:	From	To
Reason for leaving			

List any other relevant job experiences or qualifications: _____

Do you have a valid Drivers License? Yes No Drivers License # _____

Do you have a valid CDL? Yes No CDL License # _____

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	DAYTIME PHONE OR CELL NUMBER	HOW ACQUAINTED	YEARS ACQUAINTED
1			
2			
3			

CERTIFICATIONS: PLEASE LIST ANY OTHER CERTIFICATIONS THAT ARE NOT LISTED.
****A COPY OF ALL CURRENT CERTIFICATIONS MUST ACCOMPANY THIS APPLICATION****

CERTIFICATION	INSTRUCTOR	DATE OF CERTIFICATION
Lifeguard Training (includes Community First Aid)		
CPR for the Professional Rescuer		
Water Safety Instructor (WSI)		
Community First Aid & CPR		

I certify that the facts contained in this application are true and complete to the best of my knowledge.

 (Signature) (Date)