

NORTH THOMPSONVILLE FIRE DEPARTMENT
439 ENFIELD STREET
ENFIELD, CT 06082

EMPLOYMENT/JOB APPLICATION: PART 1

The North Thompsonville Fire Department is an equal opportunity employer, dedicated to a policy of nondiscrimination in employment on any basis prohibited by law. The Fire Department considers applicants for all positions without regard to race, color, religion, gender, national origin ancestry, age, disability, marital status, veteran status, sexual orientation, gender identity/expression, genetic information, pregnancy, hair texture/protective hairstyles, status as a domestic violence victim, erased criminal record or any other characteristic protected by applicable local, federal or state law. The Fire Department will provide equal opportunity in compliance with all applicable laws.

PERSONAL INFORMATION

FULL NAME: _____ **DATE:** _____
 First Middle Last

ADDRESS: _____
 Street Address Apt/Suite

 City State Zip Code

E-MAIL: _____ **PHONE:** _____

DRIVER'S LICENSE: YES NO **STATE:** _____

POSITION APPLIED FOR: _____

EMPLOYMENT DESIRED: FULL-TIME PART-TIME PAID PER CALL

EMPLOYMENT ELIGIBILITY

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S? YES NO

HAVE YOU EVER WORKED FOR THIS EMPLOYER? YES* NO

*IF YES, WRITE THE START AND END DATES: _____

EDUCATION & TRAINING

HIGH SCHOOL: _____ CITY / STATE: _____

FROM: _____ TO: _____

GRADUATE? YES NO DIPLOMA: _____

COLLEGE: _____ CITY / STATE: _____

FROM: _____ TO: _____

GRADUATE? YES NO DEGREE: _____

LIST ANY LICENSES OR CERTIFICATIONS:

LIST ANY SKILLS OR KNOWLEDGE RELEVANT TO THE JOB WHICH YOU ARE APPLYING FOR THAT YOU THINK MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION:

Candidate Physical Ability Testing (CPAT): Yes / No Date: ___/___/___

MILITARY SERVICE

ARE YOU A VETERAN? YES NO

BRANCH: _____ RANK AT DISCHARGE: _____

FROM: _____ TO: _____

TYPE OF DISCHARGE: _____

IF NOT HONORABLE, PLEASE EXPLAIN: _____

PREVIOUS EMPLOYMENT

EMPLOYER 1: _____
Company / Individual

ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

JOB TITLE: _____ **RESPONSIBILITIES:** _____

FROM: _____ **TO:** _____

REASON FOR LEAVING: _____

EMPLOYER 2: _____
Company / Individual

ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

JOB TITLE: _____ **RESPONSIBILITIES:** _____

FROM: _____ **TO:** _____

REASON FOR LEAVING: _____

EMPLOYER 3: _____
Company / Individual

ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

JOB TITLE: _____ **RESPONSIBILITIES:** _____

FROM: _____ **TO:** _____

REASON FOR LEAVING: _____

REFERENCES
(PROFESSIONAL ONLY)

FULL NAME: _____ **PHONE:** _____
First Last

FULL NAME: _____ **PHONE:** _____
First Last

FULL NAME: _____ **PHONE:** _____
First Last

DISCLAIMER

Applicant understands that this is an Equal Opportunity Employer and committed to excellence through diversity. In order to ensure this application is acceptable, please print or type with the application being fully completed in order for it to be considered.

Please complete each section EVEN IF you decide to attach a resume.

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.

SIGNATURE: _____ **DATE:** _____

PRINT NAME: _____