



CITY OF LAWRENCE FIRE DEPARTMENT

Lawrence, Indiana

Date

APPLICATION FOR EMPLOYMENT

 EMT PARAMEDIC

PERSONAL INFORMATION

NAME	LAST	FIRST	MI

ADDRESS	STREET	CITY	STATE	ZIP CODE

TELEPHONE	HOME /CELL	E-MAIL	CELL OK to send text? YES <input type="checkbox"/> NO <input type="checkbox"/>

SOCIAL SECURITY #		DATE OF BIRTH		SEX	
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Married Single Divorced

Have you ever applied to this department before? YES NO

If yes, when? _____

EDUCATION INFORMATION

Attach a COPY of your High School Diploma or GED Certificate to this application.

Provide the following information about your educational background and achievements. Use additional paper if more space is required.

	NAME & LOCATION	DATE ATTENDED	DEGREE/CERT.
High School			
College			
Trade School			
Fire Service			
EMS			
Other			

BACKGROUND INFORMATION

Attach a copy of your birth certificate to this application.

This section is for you to provide information that will be used during your background investigation. The information contained here will be kept confidential. It is **essential** that all information be completed thoroughly and accurately. Use additional paper as necessary.

Have you ever been charged with anything other than a minor traffic violation? YES NO

If yes, attach a written statement explaining the circumstances.

DRIVING HISTORY

Attach a copy of your driver's license to this application.

OPERATOR'S LICENSE NO.		STATE	
RESTRICTIONS			

List **ALL** recorded traffic citations that you have received and accidents in which you were the Driver.

Date	Location	Charge	Describe Fully

Attach additional paper if necessary

Has your Driver's License **EVER** been suspended or revoked? YES NO

If YES, state reason (s) _____

RESIDENCY INFORMATION

List all places in which you have lived, starting with your current address.

ADDRESS	FROM	TO

EMPLOYMENT EXPERIENCE

List all employers, starting with your current employer. (Use additional paper if necessary).

NAME OF COMPANY & SUPERVISOR	ADDRESS	PHONE #	FROM	TO	REASON FOR LEAVING

PROFESSIONAL CERTIFICATIONS

Attach a copy of your license/certification for CPR, ACLS, Paramedic or EMT with PSID #.

PERSONAL REFERENCES

Provide three personal references that you have known for at least five years are not related to you and are not employees of the City of Lawrence.

NAME	ADDRESS	PHONE #	YRS KNOWN

SIGNATURE OF APPLICANT

DATE

FOR INTERNAL USE ONLY

Background

Drug Screen

Affiliation