



LAWRENCE FIRE DEPARTMENT

EMPLOYMENT APPLICATION

APPLICANT INFORMATION

Full Name:			
	Last	First	M.I.
Current Address:			
	Street Address (Including Apt/Unit #)	City, State	Zip Code
Phone:		E-mail:	
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you currently work for a Career Fire Department?		YES	NO
Are you a current member of the 1977 Police Officers and Firefighter Pension Fund?		YES	NO
Previous Address			
	Street Address (Including Apt/Unit #)	City, State	Zip Code
Previous Address			
	Street Address (Including Apt/Unit #)	City, State	Zip Code
Previous Address			
	Street Address (Including Apt/Unit #)	City, State	Zip Code

LICENSES AND CERTIFICATIONS

Place a check by each license or certification you possess, and provide copies of certificates:

Driver's License:	State:	PSID:	Paramedic:	
Firefighter I:	Firefighter II:	Instructor:	CPR:	
Other (list): _____				

PREVIOUS EMPLOYMENT

Company:		Phone:	
Full Address:		Supervisor:	
Job Title:		Starting Salary:	Ending Salary:
Responsibilities:			
From:	To:	Reason for leaving:	
Company:		Phone:	
Full Address:		Supervisor:	
Job Title:		Starting Salary:	Ending Salary:
Responsibilities:			
From:	To:	Reason for leaving:	

MILITARY SERVICE

Branch:	From:	To:
Rank at Discharge:	Type of Discharge:	
If other than honorable, explain:		

EDUCATION

High School:		Address:	
Years Completed:	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree:	
College:		Address:	
Years Completed:	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree:	
Other:		Address:	
Years Completed:	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree:	

REFERENCES

Please list three personal references.

Full Name:	Relationship:
Address:	Phone:
Email:	
Full Name:	Relationship:
Address:	Phone:
Email:	
Full Name:	Relationship:
Address:	Phone:
Email:	

Court Records

If you have ever been convicted, or have any charges pending, other than minor traffic violations, list details below. Use additional sheet if necessary.

Date:	Place (City, State):	Charge:
Date:	Place (City, State):	Charge:
Date:	Place (City, State):	Charge:

ADDITIONAL INFORMATION

If you have ever worked (paid or volunteer) for any fire department, please answer the following questions. Space is provided for two departments. If additional space is needed, use blank paper and attach your responses to the application.

	Agency	Agency
Size of Department (# of employees)		
Paid or Volunteer?		
Length of time with department?		
Did you work unsupervised, with limited supervision, or with additional employees?		
List all courses and certifications obtained while at any fire or EMS service.		
List any other experiences; skills or qualifications that you feel are relevant to this position.		

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.
 If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature:

Date: