

Spruce Pine Fire Department

Employment Application – Firefighter Position

An Equal Opportunity Employer

Applicant Information

Full Name: _____

Date of Birth: _____

Social Security Number: _____

Address: _____

City: _____

State: _____

ZIP: _____

Phone Number: _____

Email Address: _____

Position Information

Position Applying For: Firefighter _____

Date Available to Start: _____

Are you currently employed? ☐ Yes ☐ No _____

If so, may we contact your current employer? ☐ Yes ☐ No

Education

High School Name: _____

City & State: _____

Years Attended: _____

Degree/Certification: _____

Graduated (Yes/No): _____

College Name: _____

City & State: _____

Years Attended: _____

Degree/Certification: _____

Graduated (Yes/No): _____

Other Name: _____

City & State: _____

Years Attended: _____

Degree/Certification: _____

Graduated (Yes/No): _____

Fire/EMS Training and Certifications

Certification: FF I/II

Date Earned: _____

Issuing Authority: _____

Certification: EMT-B / EMT-A / Paramedic (circle one)

Date Earned: _____

Expiration Date (if applicable): _____

Issuing Authority: _____

Certification: EVD

Date Earned: _____

Expiration Date (if applicable): _____

Issuing Authority: _____

Certification: ICS Classes

Date Earned: _____

Expiration Date (if applicable): _____

Issuing Authority: _____

Certification: Other:

Date Earned: _____

Expiration Date (if applicable): _____

Issuing Authority: _____

Work Experience

Employer: _____

Job Title: _____

Dates Employed: From _____ to _____

Supervisor Name & Contact: _____

Responsibilities: _____

Reason for Leaving: _____

Employer: _____

Job Title: _____

Dates Employed: From _____ to _____

Supervisor Name & Contact: _____

Responsibilities: _____

Reason for Leaving: _____

Employer: _____

Job Title: _____

Dates Employed: From _____ to _____

Supervisor Name & Contact: _____

Responsibilities: _____

Reason for Leaving: _____

Military Service (if applicable)

Branch: _____

Service Dates: From _____ to _____

Rank at Discharge: _____

Type of Discharge: _____

If not honorable, explain: _____

3 References

Reference 1:

Name: _____

Relationship: _____

Phone Number: _____

Email: _____

Reference 2:

Name: _____

Relationship: _____

Phone Number: _____

Email: _____

Reference 3:

Name: _____

Relationship: _____

Phone Number: _____

Email: _____

Additional Information

Have you ever been charged with a felony? ☐ Yes ☐ No

If yes, explain:

Do you have a valid driver's license? ☐ Yes ☐ No

License Number: _____ State: _____

Applicant Statement

I certify that the information provided in this application is accurate and complete to the best of my knowledge. I understand that any false or misleading information may result in disqualification from consideration or termination of employment.

Signature: _____

Date: _____