



## EDUCATIONAL DATA

---

---

High School: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Major: \_\_\_\_\_ Diploma received \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Degree received: \_\_\_\_\_ Grade point average: \_\_\_\_\_

Trade, Business or Correspondence School: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Degree/Certification received: \_\_\_\_\_ Dates attended: \_\_\_\_\_

Are you planning to pursue further studies? \_\_\_No \_\_\_Yes If "Yes," when, where, and what courses? \_\_\_\_\_  
\_\_\_\_\_

## EMPLOYMENT EXPERIENCE

---

---

*Start with your present or last job, account for all periods of time, unemployment and military service included. All applicants must account for the last 10 years. If you need additional space, please continue on a separate sheet of paper.*

**Company:** \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Position held: \_\_\_\_\_

\_\_\_Full-Time \_\_\_Part-Time \_\_\_Volunteer \_\_\_Paid-Per-Call

Job Duties and Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Start Salary: \_\_\_\_\_ Final Salary: \_\_\_\_\_ week/month

Reason for leaving: \_\_\_\_\_

May we contact this employer? \_\_\_Yes \_\_\_No If no, describe \_\_\_\_\_  
\_\_\_\_\_

**Company:** \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Position held: \_\_\_\_\_

\_\_\_ Full-Time \_\_\_ Part-Time \_\_\_ Volunteer \_\_\_ Paid-Per-Call

Job Duties and Responsibilities: \_\_\_\_\_

Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Start Salary: \_\_\_\_\_ Final Salary: \_\_\_\_\_ week/month

Reason for leaving: \_\_\_\_\_

May we contact this employer? \_\_\_ Yes \_\_\_ No If no, describe \_\_\_\_\_

**Company:** \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Position held: \_\_\_\_\_

\_\_\_ Full-Time \_\_\_ Part-Time \_\_\_ Volunteer \_\_\_ Paid-Per-Call

Job Duties and Responsibilities: \_\_\_\_\_

Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Start Salary: \_\_\_\_\_ Final Salary: \_\_\_\_\_ week/month

Reason for leaving: \_\_\_\_\_

May we contact this employer? \_\_\_ Yes \_\_\_ No If no, describe \_\_\_\_\_

**Company:** \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Position held: \_\_\_\_\_

\_\_\_ Full-Time \_\_\_ Part-Time \_\_\_ Volunteer \_\_\_ Paid-Per-Call

Job Duties and Responsibilities: \_\_\_\_\_

Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Start Salary: \_\_\_\_\_ Final Salary: \_\_\_\_\_ week/month

Reason for leaving: \_\_\_\_\_

May we contact this employer? \_\_\_ Yes \_\_\_ No If no, describe \_\_\_\_\_

## RESIDENTIAL HISTORY

*This information is needed and will be used only in relationship to your background check.*

***All applicants must account for the last 10 years. List below, starting the last previous address first:***

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Lived There From: \_\_\_\_\_ To: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Lived There From: \_\_\_\_\_ To: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Lived There From: \_\_\_\_\_ To: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Lived There From: \_\_\_\_\_ To: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Lived There From: \_\_\_\_\_ To: \_\_\_\_\_

## DRIVING RECORD

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

Driver's License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ State Issued: \_\_\_\_\_

List any restriction on driver's license: \_\_\_\_\_

*If answer to any of the following questions is "Yes," please explain giving dates and details.*

Have you been cited for speeding during the last three years? \_\_\_\_\_ No \_\_\_\_\_ Yes

\_\_\_\_\_  
\_\_\_\_\_

Have you been cited for any moving violation during the past 3 years (failure to stop, etc.)? \_\_\_\_\_ No \_\_\_\_\_ Yes

\_\_\_\_\_  
\_\_\_\_\_

Has your driver's license been revoked or suspended? \_\_\_ No \_\_\_ Yes \_\_\_\_\_

\_\_\_\_\_

Have you ever been placed on suspension or probation? \_\_\_ No \_\_\_ Yes \_\_\_\_\_

\_\_\_\_\_

Have you had a vehicle accident of any type within the last three years? \_\_\_ No \_\_\_ Yes

\_\_\_\_\_

Have you ever been cited for reckless driving? \_\_\_ No \_\_\_ Yes \_\_\_\_\_

\_\_\_\_\_

Has your auto insurance ever been cancelled or any company declined to insure you? \_\_\_ No \_\_\_ Yes

\_\_\_\_\_

**AS AN APPLICANT YOU AGREE TO AND UNDERSTAND THE FOLLOWING  
CONSENT, AUTHORIZATION, RELEASE AND HOLD HARMLESS**

=====

I hereby affirm that the information provided in this application (and accompanying resume and/or any attachments if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me and may be considered sufficient justification for dismissal if discovered at a later date.

I authorize a thorough employment background investigation and agree to cooperate in such investigations. I agree to release from all liabilities and/or responsibilities all persons, agencies and corporations requesting or supplying such information.

I understand that if employed my employment is for no definite period of time and that I may terminate my employment relationship with Bethel Township Fire Department at any time, for any reason, and that the Bethel Township Fire Department has the same right, along with the right to deny any appeal or appeal process.

If employment is obtained under this application, I will comply with all rules and regulations of Bethel Township and agree to be responsible for company property and equipment issued to me by Bethel Township until returned to the company.

I hereby agree to submit to any lawful drug, alcohol, or integrity testing that may be required as a condition of employment or continued employment, and understand that refusal to submit to such testing during the course of my employment will result in termination of employment.

## ADDITIONAL INQUIRIES CONCERNING EMPLOYMENT HISTORY

---

---

*(If additional space is needed please continue on a separate sheet of paper.)*

List dates and reasons for any gaps in employment experience you listed over a one-month period.

---

---

In order to permit a check of your work and education records, should we be made aware of any change of name or assumed name that you previously used? \_\_\_No \_\_\_Yes. If "Yes," identify the name(s) and relevant dates: \_\_\_\_\_

---

## MILITARY SERVICE

---

---

Are/were you in the U.S. Armed Forces: \_\_\_Yes \_\_\_No Branch: \_\_\_\_\_ Reserve/Guard \_\_\_\_\_

Length of service: From \_\_\_\_\_ To: \_\_\_\_\_ Rank at Discharge, or Current \_\_\_\_\_

Describe any special job related training received relating to position applied for: \_\_\_\_\_

---

---

Have you ever had training/schooling under the G. I. Bill? \_\_\_No \_\_\_Yes. If "Yes," describe: \_\_\_\_\_

---

---

## OTHER SKILLS OR EXPERIENCES

---

---

Summarize any additional experiences and/or skills you may not have mentioned that would be relevant to the position you are applying for: \_\_\_\_\_

---

---

---

## REFERENCES

---

---

*Give name, address and telephone numbers of four references that are not related to you and are not previous employers.*

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Years Acquainted: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Years Acquainted: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Years Acquainted: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Years Acquainted: \_\_\_\_\_ Occupation: \_\_\_\_\_

## GENERAL INFORMATION

---

---

*In responding to these questions, continue on a separate sheet if you require additional space.*

If employment is offered, can you submit a birth certificate, Social Security card, and certificate of U.S. citizenship or verification of your legal right to work in the U.S.?       Yes       No

*Pursuant to the Immigration Reform and Control Act of 1986, all applicants who receive an offer of employment must immediately complete an I-9 form and produce documentation, no later than seventy-two hours after commencement of employment, establishing their identity and authorization for employment in the United States.*

If employment is offered, can you provide personal identification such as a U.S. Passport, a driver's license, or photographic identification card issued by the state?       Yes       No

Are you over 18 years of age?       Yes       No      If "No," state age:      \_\_\_\_\_  
Employment is subject to verification that you are of legal age to work.

Have you ever been convicted of or pled guilty to a crime?       Yes       No      (A conviction will not automatically disqualify you from being considered as a candidate for employment.) If "Yes," please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that according to federal law all individuals must, as a condition of employment, produce certain documentation to verify as a U.S. citizen or, if aliens, their legal authorization to work in the U.S.A. As a result, I understand that any offer of employment would be contingent upon my ability to produce the required documentation within the time period required by law.

\_\_\_\_\_  
Printed Full Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date