

HOBART FIRE DEPARTMENT APPLICATION

Date received

Date Accepted

GENERAL INFORMATION

NAME-(LAST, FIRST, MIDDLE)		ARE YOU OVER 18 YES___ NO___
ADDRESS		HOME PHONE
CITY, STATE, ZIP		OTHER PHONE
DRIVER'S LICENSE NUMBER	STATE / EXPIRATION / CLASS	E-MAIL

EDUCATION

HIGH SCHOOL / POST SECONDARY	SCHOOL	DEGREE OR CERTIFICATE EARNED	DATE OBTAINED

PREVIOUS FIRE DEPARTMENT TRAINING IF APPLICABLE

DESCRIBE YOUR EXTRACURRICULAR ACTIVITIES, VOLUNTEER EXPERIENCE, MILITARY EXPERIENCE, MEMBERSHIP IN CLUBS OR ORGANIZATIONS, LEADERSHIP ROLES, HOBBIES, ETC.

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES	YES___	NO___
DO YOU HAVE A CURRENT DRIVERS LICENSE	YES___	NO___
DO YOU HAVE A CURRENT CDL LICENSE	YES___	NO___
HAVE YOU BEEN CONVICTED OF ANY CRIMES WITHIN THE LAST 7 YEARS?	YES___	NO___

IF YES, PLEASE EXPLAIN:

WORK EXPERIENCE

DESCRIBE ALL WORK EXPERIENCE (PAID AND UNPAID) STARTING WITH MOST RECENT.

NAME OF ORGANIZATION	POSITION
CITY / STATE	DATES OF EMPLOYMENT
DUTIES	

FULL-TIME ___

PART-TIME ___

CURRENT WORK SCHEDULE

NAME OF ORGANIZATION	POSITION
CITY / STATE	DATES OF EMPLOYMENT
DUTIES	

FULL-TIME ___

PART-TIME ___

CURRENT WORK SCHEDULE

NAME OF ORGANIZATION	POSITION
CITY / STATE	DATES OF EMPLOYMENT
DUTIES	

FULL-TIME ___

PART-TIME ___

CURRENT WORK SCHEDULE

SUMMARY

PLEASE EXPLAIN WHY YOU WANT TO JOIN THE VILLAGE OF HOBART FIRE DEPARTMENT AND WHAT YOU CAN CONTRIBUTE TO IT.

HAVE YOU BEEN RECOMMENDED BY A CURRENT OR FORMER FIREFIGHTER, OR HOW DID YOU RECEIVE THIS APPLICATION.

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I UNDERSTAND THAT A COMPLETE BACKGROUND CHECK WILL BE CONDUCTED.

I UNDERSTAND THAT ANY OMISSION OR MISREPRESENTATION WITH RESPECT TO THIS INFORMATION MAY BE CAUSE FOR DENIAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES ABOUT TO GIVE YOU ANY AND ALL INFORMATION CONCERNING ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGES THAT MAY RESULT FROM FURNISHING THE SAME TO THE HOBART FIRE DEPARTMENT.

THIS APPLICATION WILL REMAIN ON FILE FOR ONE YEAR.

APPLICANTS SIGNATURE _____ DATE _____