



GLOUCESTER TOWNSHIP FIRE DISTRICT N^o. 5

1781 Sicklerville Road, Sicklerville NJ 08081



APPLICATION FOR EMPLOYMENT

The Gloucester Township Fire District No. 5 is an Equal Opportunity employer. We do not discriminate on the basis of race, color, religion, national origin, age, gender, disability, or any other status protected by law or regulation. It is our intention that all qualified applicants are given equal opportunity and that selection decisions are based on membership and volunteer position factors. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon applicant information.

INSTRUCTIONS:

1. PLEASE PRINT OR TYPE your answers, except for the signature. Incomplete or illegible applications will not be processed.
2. Applications must be returned to the fire district clerk; office located to the rear of the fire station between the hours of 9am & 1pm Monday through Wednesday, and or between the hours of 3pm to 7pm on Thursdays.
3. Resumes will only be accepted as a supplement to the application. Use additional blank paper if you do not have enough room on this application.
4. Applications without an affidavit page will not be accepted.

APPLICANT INFORMATION

FULL NAME: _____ DATE: _____

LAST FIRST M.I.

ADDRESS: _____ PHONE: _____

STREET ADDRESS APT/UNIT #

_____ EMAIL: _____

CITY STATE ZIP CODE

DRIVER LICENSE #: _____ DL EXPIRATION: _____

INCLUDE PAPER COPY OF YOUR DL ATTACHED TO THIS APPLICATION UPON SUBMISSION

HAS YOUR DRIVER LICENSE BEEN REVOKED OR SUSPENDED IN THE LAST 10 YEARS?

YES:___ NO:___ IF YES, EXPLAIN? _____

S.S. NUMBER: _____

ARE YOU A CITIZEN OF THE UNITED STATES? YES___ NO___

IF NO, ARE YOU AUTHORIZED TO WORK IN THE U.S.? YES___ NO___

HAVE YOU EVER WORKED FOR THIS EMPLOYER? YES___ NO___

IF YES, WHEN? _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES___ NO___

IF YES, EXPLAIN? _____

EDUCATION

HIGH SCHOOL: _____ ADDRESS: _____

FROM: _____ TO: _____ DID YOU GRADUATE? YES___ NO___

TYPE OF DEGREE _____

COLLEGE: _____ ADDRESS: _____

FROM: _____ TO: _____ DID YOU GRADUATE? YES___ NO___

TYPE OF DEGREE _____

OTHER: _____ ADDRESS: _____

FROM: _____ TO: _____ DID YOU GRADUATE? YES___ NO___

TYPE OF DEGREE _____

REFERENCES

PLEASE LIST THREE PROFESSIONAL REFERENCES NOT FAMILY OR FRIENDSHIP RELATED.

FULL NAME: _____ RELATIONSHIP: _____
COMPANY: _____ PHONE: _____
ADDRESS: _____ EMAIL: _____

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PREVIOUS EMPLOYMENT

COMPANY: _____ PHONE: _____
ADDRESS: _____ SUPERVISOR: _____
JOB TITLE: _____ FROM: _____ TO: _____
RESPONSIBILITIES: _____

MAY WE CONTACT YOUR PREVIOUS SUPERVISOR & OR EMPLOYER FOR A REFERENCE?

YES:___ NO:___

COMPANY: _____ PHONE: _____
ADDRESS: _____ SUPERVISOR: _____
JOB TITLE: _____ FROM: _____ TO: _____
RESPONSIBILITIES: _____

MAY WE CONTACT YOUR PREVIOUS SUPERVISOR & OR EMPLOYER FOR A REFERENCE?

YES:___ NO:___

COMPANY: _____ PHONE: _____
ADDRESS: _____ SUPERVISOR: _____
JOB TITLE: _____ FROM: _____ TO: _____
RESPONSIBILITIES: _____

MAY WE CONTACT YOUR PREVIOUS SUPERVISOR & OR EMPLOYER FOR A REFERENCE?

YES:___ NO:___

ADDITIONAL INFORMATION

TRAINING:

PLEASE LIST ANY SPECIALIZED TRAINING IN THE FIRE OR LIFE SAFETY FIELD. SUBMIT COPIES OF CERTIFICATIONS.

SPECIAL SKILLS:

LIST PROFICIENCY WITH ANY HEAVY MACHINERY, INDUSTRIAL EQUIPMENT, OR SPECIALIZED TRAINING YOU MAY HAVE.

LITERACY SKILLS:

LIST PROFICIENCY WITH ANY COMPUTERS, TECH AND OR IT; HARDWARE, SOFTWARE APPLICATIONS, PROGRAMMING ETC.

BACKGROUND

HAVE YOU BEEN FIRED FROM A JOB OR ORGANIZATION AND OR ASKED TO RESIGN IN THE LAST 10 YEARS?

YES:___ NO:___ IF YES, EXPLAIN:_____

HAVE YOU EVER BEEN CONVICTED OF ANY LAW VIOLATION IN THE LAST TEN YEARS, EXCLUDING MINOR TRAFFIC OFFENSES, WHICH HAVE NOT BEEN ANNULLED, EXPUNGED OR SEALED BY COURT? INCLUDE ANY PLEASE OF "GUILTY" OR "NO CONTEST." (A CONVICTION WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FOR EMPLOYMENT).

MILITARY SERVICE

BRANCH:_____ FROM:_____ TO:_____
RANK AT DISCHARGE:_____ TYPE OF DISCHARGE:_____
IF OTHER THAN HONORABLE, EXPLAIN?_____

AFFIDAVIT

I CERTIFY THAT ALL INFORMATION PROVIDED IN THIS EMPLOYMENT APPLICATION IS TRUE AND COMPLETE. I UNDERSTAND THAT ANY FALSE INFORMATION OR OMISSION MAY DISQUALIFY ME FROM FURTHER CONSIDERATION FOR EMPLOYMENT AND MAY RESULT IN MY DISMISSAL IF DISCOVERED AT A LATER DATE.

I UNDERSTAND THAT THE GLOUCESTER TOWNSHIP FIRE DISTRICT NO. 5 MAY REQUEST AN INVESTIGATIVE CONSUMER REPORT FROM A CONSUMER REPORTING AGENCY. THIS REPORT MAY INCLUDE INFORMATION AS TO MY CHARACTER, REPUTATION, PERSONAL CHARACTERISTICS AND MODE OF LIVING OBTAINED FROM INTERVIEWS WITH NEIGHBORS, FRIENDS, FORMER EMPLOYERS, SCHOOLS, AND OTHERS. I UNDERSTAND I HAVE THE RIGHT TO MAKE A WRITTEN REQUEST WITHIN A REASONABLE TIME FOR DISCLOSURE OF THE NATURE AND SCOPE OF THE INVESTIGATION.

I AUTHORIZE THE INVESTIGATION OF ANY OR ALL STATEMENTS CONTAINED IN THIS APPLICATION AND ALSO AUTHORIZE ANY PERSON, SCHOOL, CURRENT EMPLOYERS (EXCEPT AS PREVIOUSLY NOTED), PAST EMPLOYERS, AND ORGANIZATIONS NAMES IN THIS APPLICATION TO PROVIDE RELEVANT INFORMATION AND OPINIONS THAT MAY BE USEFUL IN MAKING A MEMBERSHIP DECISION. I RELEASE SUCH PERSONS AND ORGANIZATIONS FROM ANY LEGAL LIABILITY IN MAKING SUCH STATEMENTS.

I UNDERSTAND THAT IF I AM EXTENDED AN OFFER OF EMPLOYMENT, IT MAY BE CONDITIONED UPON MY SUCCESSFULLY PASSING A COMPLETE PRE-EMPLOYMENT PHYSICAL EXAMINATION. I CONSENT TO THE RELEASE OF ANY OR ALL MEDICAL INFORMATION AS MAY BE DEEMED NECESSARY TO JUDGE MY CAPACITY TO DO THE WORK FOR WHICH I AM APPLYING.

I UNDERSTAND I MAY BE REQUIRED TO SUCCESSFULLY PASS A DRUG SCREENING EXAMINATION. I HEREBY CONSENT TO A PRE AND/OR POST EMPLOYMENT DRUG SCREEN AS A CONDITION OF EMPLOYMENT, IF REQUIRED.

I UNDERSTAND THAT THIS APPLICATION FOR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME.

I HAVE READ, UNDERSTAND AND BY MY SIGNATURE, CONSENT TO THESE STATEMENTS.

SIGNATURE: _____ DATE: _____