

Savoy Fire Department Firefighter Application

General Information:

Name: _____ **Date of Birth:** _____

Address: _____ **Home Phone:** _____

_____ **Work/Alternate Ph:** _____

_____ **Email:** _____

Drivers License #: _____ **State:** _____ **Class:** _____ **Exp. Date:** _____

Social Security #: _____

Availability Information:

List what hours are you available to respond to fire calls below. Can you leave work to respond to fire calls? Yes: ____ No: ____

Sunday: _____ **Thursday:** _____

Monday: _____ **Friday:** _____

Tuesday: _____ **Saturday:** _____

Wednesday: _____

Employment Information:

List your work history; start with you PRESENT or MOST RECENT job. Specifically include any Firefighting/Emergency Service experience and then also any paid and job-related unpaid or volunteer experience.

Employer:		Address:		City:		State:	Zip Code:
Supervisor's Name:		Phone Number:	Dates Employed (MM/YY)	Hours/Week		Ending Salary: \$ _____ /per _____	
Job Title:	Reason for Leaving:		May we contact you employer?		Yes	No	

Your job duties (include examples of paid or volunteer work you performed): _____

Employer:		Address:		City:		State:	Zip Code:
Supervisor's Name:		Phone Number:	Dates Employed (MM/YY)	Hours/Week		Ending Salary: \$ _____ /per _____	
Job Title:	Reason for Leaving:		May we contact you employer?		Yes	No	

Your job duties (include examples of paid or volunteer work you performed): _____

Employer:	Address:	City:	State:	Zip Code:
Supervisor's Name:	Phone Number:	Dates Employed (MM/YY)	Hours/Week	Ending Salary: \$ _____/per _____
Job Title:	Reason for Leaving:	May we contact you employer?	Yes	No

Your job duties (include examples of paid or volunteer work you performed): _____

Reference Information (List Three [3] References):

Name	Occupation:	Phone Number:
Name	Occupation:	Phone Number:
Name	Occupation:	Phone Number:

Other Information:

Title VII of the Civil Rights Act prohibits discrimination of employment practices based on race, color, religion, sex, or national origin. Further, the Age Discrimination in Employment Act (ADEA) prohibits discrimination on the basis of age with respect to any individuals who are 40 years of age or older. Title 1 of the Americans with Disabilities Act (ADA) prohibits discrimination on the basis of disability. These acts cover hiring and all terms, conditions, and privileges of employment.

Are you eligible to work in the United States? Yes: _____ No: _____

Have you ever been convicted of a felony? Yes: _____ No: _____ If yes, please explain. Do not include juvenile convictions (under 18 years of age) unless you were tried as an adult: _____

(Conviction will not necessarily disqualify an applicant from employment.)

Do you have any physical limitations? If yes, please explain: _____

PLEASE BE SURE TO SIGN THIS APPLICATION, AND READ THE FOLLOWING STATEMENTS CAREFULLY

I hereby affirm that the information provided on this application (and accompanying résumé, if any) is true and complete to the best of my knowledge and agree that falsified information or significant omission may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize the Village of Savoy or the Savoy Fire Department to verify this information to determine whether or not I am qualified for the position for which I am applying.

I hereby authorize all current and previous employers to release job-related information upon the request of the Village of Savoy or the Savoy Fire Department. However, I understand that if, in the Employment Information section, I have answered "No" to the question, "May we contact you employers?" contact with those particular employers will not be made without my specific authorization.

I understand that any references I list will be verified. If my application is accepted I agree to abide by the Savoy Fire Department By-Laws, Rules and Regulations, and Standard Operating Guidelines thereof.

Signature: _____ Date: _____

Completed Application click submit form in top right of page. Then follow instructions.

FOR OFFICE USE ONLY

Date received: _____ Received by (PLEASE PRINT AND INITIAL): _____