PITTSBORO FIRE DEPARTMENT

400 East Main Street, Pittsboro, IN 46167 Office: (317) 892-4386 Fax: (317) 892-4123 www.pittsborofire.org

APPLICATION FOR PART-TIME EMPLOYMENT

Personal Information						
Last Name:	First Name	»:		MI:		
Day Phone: ()	Eve Phone: ()	S	SN:		
Date of Birth://	Driver's License N	umber:		_Exp		
E-mail:						
Are you either a U.S. Citizen or a Have you ever been convicted of		work in the	U.S.?	() Yes () No () Yes () No		
If yes, provide date, location, co	urt, and charge of con	viction:				
Address Information						
Address:						
City:	State:	Zip:	Time at address:			
Previous:						
City:	State:	Zip:	: Time at address:			
Employment Desired						
Position applied for:	☐ A Shift, Day	□ B Sł	nift, Day	□ C Shift, Day		
(Please check all that apply)	☐ A Shift, Nights	s □ B Sł	nift, Nights	☐ C Shift, Nights		
	□ Fill In – <i>No sei</i>	\Box Fill In – <i>No set shift schedule</i>				

Employment History (begin with most recent)								
Employer Name	Address	Dates	Position	Reason For Leaving				
Certifications								
EMS Level: FIRE Level:			PSID #					
Ple	ease attach copy from IDHS w	eb site with l	ist of certificatio	ons				
Education Record								
High School Diploma	/ GED / Equivalent:	() Yes	() No					
School Name:		City / State:						
College Degree:	() Yes () No							
If yes, type of degree /	major:							
School Name:			City / State: _					

Reference	s (No family memb	ers please)				
Name:			Years Known:			
Address: _						
				Phone:		
Name:				Years Known:		
Address: _						
City:		State:	Zip:	Phone:		
Name:				Years Known:		
Address: _						
City:		State:	Zip:	Phone:		
•	I certify that the fa and understand that dismissal. I authorize investigive you any and a information they re for any damage the I understand and a terminated at any terminated.	gation of all stateme all information concernay have, personal of at may result from for gree that, if hired, may time without prior not may be subjected to	nts contained lerning my prever otherwise, arallernishing the service.	complete to the best of my known contained herein shall be ground the references listed rious employment and any perturbed release all parties from all listence to you. The state of the best of my known contained herein shall be ground to the state of	above to inent ability hay be	
Signa	ture:			Date:		
Comments	/ Notes:	FOR OFFI	CE USE ONL	<u>Y</u>		