

Houston Volunteer Fire Company Inc.

PO Box 122 143 Broad Street Houston, DE 19954 302-422-5811 302-422-3821

EMPLOYMENT APPLICATION

Fire Fighter / Emergency Medical Technician On Call – As Needed

Please type or print in b	lack ink					Optio	nal: Attach	Resu	ıme	
Name										
Last			First	First			Middle Optio		onal: Nick Name	
Mailing Address, City, S	tate & Zip		Home Busine Cell P	l Addre Phone: ess Phone hone: Securit	ne:					
Valid Driver's License: St	tate	Cl	ass:	Ν	Jumbe	r :	Exp	ires:		
				 CATIO				_		
List all schools	attended, n	umber of	_	-		ndica	te degree or o	diploi	na earned.	
School Name Start with most reco		Location		1	Da Attei	tes	Major/Mi		Type of Degree Received	
License/Certifica	tion and Lo	evel	Re	egistry l	No.	Clas	sification/Le	evel	Expiration Date	
National Registry of Em Technicians:	ergency Me	edical								
State of Delaware, State Commission EMT Certi	fication									
Certification: American BLS for Healthcare Prov										
Beginning v	vith your cu			IENT I			our employn	nent l	nistory.	
Employed (MO/DD/YR)	Job Title:				· · ·		1 7		•	
From:	Employer	:								
	Location:									
To:	_	or Name/T	itle:							
	Phone No									

Employed (MO/DD/Y	(R) Job Title:							
From:	Employer	:						
	Location:							
To:	Supervisor	r Name/Title:						
	Phone No	.:						
		-						
Employed (MO/DD/Y	(R) Job Title:							
From:	Employer	:						
	Location:							
To:		r Name/Title:						
	Phone No	<u>.:</u>						
THE TOTAL TOTAL	. 1 0							
HVFC is committed					Yes initials			
require incident base					l ——			
advanced notice. Ple by checking the appr					nt No			
by checking the appr	opriate box and	placing your	imitiais next to	o the box.				
		BACKROU	ND INFORM	ATION				
Answerino "	ves" to the follow				omatic bar to employmen	ı t		
					litation will be taken into			
	0 00				offense, or other offense			
					eapons and any traffic	,		
Violations in any state				Yes	No			
•		•	•					
					itional sheet if necessar	<u>y.</u>		
Conviction	L	D ate	City/State		Result			
Is there are about a	any anah affana	a mandina aga	inst wow?	□ Vac	\square No			
Is there any charge of any such offense pending against yo				Yes		No City/State		
Charge			Date		City/State			
Do you have any rela	ntivas amplavad	or that are ve	luntoor momb	ore of the	Yes	No		
Houston Volunteer F						NO		
Trousion volunteer r	ne company, n	i.e. (11 v 1 e.). 1	ir yes, piease	provide nam	CS.			
L.								
		VITH FIRE A	AND/OR AM	BULANCE	COMPANIES			
MO/DD/YR	Name:				X if voluntee	2 r		
From:	Location:				Volunteer			
	Contact Number	er:						
To:	Describe partic	ipation:						
1								

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Course Title	OTHER JOB RELATED TRA Training Provider	INING Dates Attended
Course Title	Training Provider	Dates Attended
List language(s) other than English	1	Read Write Speak
I certify that all information I have procomplete and correct.	APPLICANT STATEMENT OVIDED TO A SECOND	
	cancel further consideration of this	se, incomplete or misrepresented in any application, or (ii) immediately discharge
obtain information from all reference and educational institutions and to oth application, resume or job interview. employer, its agents, employees or re	s (personal and professional), empl herwise verify the accuracy of all in I hereby waive any and all rights a presentatives, for seeking, gatherin	nd claims I may have regarding the
I understand that the employer does r is used for the purpose of limiting or prohibited by applicable local, state of	excusing any applicant from consideration	oyment and no question on this application deration for employment on a basis
		the conclusion of that time, if I have not t, it will be necessary to reapply and fill out
the employer reserves the same right prior notice, except as may be require employment for any specified period	to terminate my employment at any ed by law. This application does no of definite duration. I understand trances to the contrary and that no in	ithout cause and without prior notice, and y time, with or without cause and without t constitute an agreement or contract for hat no supervisor or representative of the aplied oral or written agreements contrary tigned by the employer's president.
I understand direct deposit is a requir	ement of employment with the emp	ployer.
I agree and understand that an "on-caday or per week.	ill" employee does not guarantee ar	ny minimum number of hours of work per
I also understand that if I am hired, I United States and that federal immign		f identity and legal authority to work in the a I-9 Form in this regard.
DO NOT SIGN UNTIL YOU HA	VE READ THE ABOVE APPL	ICANT STATEMENT.
I certify that I have read, fully unde	rstand and accept all terms of the	foregoing Applicant Statement.
Signature		Date

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