

BLUEFIELD WV RESCUE SQUAD

1900 Stadium Drive
 Bluefield, WV 24701
 (304) 327-7171

employment@bluefieldrescue.com



APPLICANT INFORMATION

Last Name		First	M.I.	Date
Current Address			Apartment/Unit #	
City		State	ZIP	
Previous Address <small>IF LESS THAN 10 YEARS AT CURRENT ADDRESS</small>			Apartment/Unit#	
City		State	Zip	
Phone		E-mail Address		
Date Available	Social Security No.		Desired Salary	
Position Applied for				
Are you employed now?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain
Have you ever been terminated by an employer?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, give details
Are you over 21?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If under 18, date of birth
Are you known by another name (alias)?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, name used
Have you ever received unemployment comp. YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, when _____ and from what employers				
If you are employed, why do you want to change jobs?				
Will your present/past employment records show that you attended regularly and performed a reasonable days work? YES <input type="checkbox"/> NO <input type="checkbox"/>				

Driver applicants must complete the following (attach additional paper if necessary). List names, address, dates of employment and reason for leaving such employment of other companies you have worked for in the last 10 yrs. _____

The following is a true and complete list of traffic violations (other than parking tickets) for which I have knowingly been convicted or forfeited bond or collateral during the last 36 months _____

The following is a true and complete list of all motor vehicle accidents I was involved in during the last 36 months (give nature of each accident and any fatalities or personal injuries caused). _____

Have you had your privilege, license or permit to operate a motor vehicle suspended, denied or revoked? YES NO If yes give details _____

Do you have a valid drivers or commercial drivers license? YES NO If yes, what is the expiration date _____, license number _____ and the state of issue _____?

EDUCATION				
High School			Address	
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
College			Address	
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Other			Address	
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
LIST ANY JOB RELATED SPECIAL LICENSES AND/OR CERTIFICATES YOU NOW HOLD _____				

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

PREVIOUS EMPLOYMENT			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

PREVIOUS EMPLOYMENT (CONT)			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

DISCLAIMER AND SIGNATURE (PLEASE READ CAREFULLY)

I authorize the investigation of all matters contained in this application and hereby give the Company permission to contact schools, references, previous employers (unless otherwise indicated), and others, and hereby release the Company from any liability as a result of such contact.

I understand that any misrepresentation or omission of important facts and relevant information called for is just cause for dismissal at any time without previous notice.

I further understand that the first ninety days of employment with this Company shall be a trial period, and further that at any time during the trial period and thereafter, my "at will" employment relationship with the Company is terminable for any reason or no reason by either party.

If employed, I understand that the Company may unilaterally change or revise fringe benefits, policies, and procedures and such changes may include reduction in benefits.

I understand that my employment is contingent upon meeting the requirements of the Immigration Reform and Control Act of 1986.

If no action is taken on this application within 365 days of signature, it will be destroyed.

I certify that this application was completed by me and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature	Date
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