

***Mills Township On-Call Fire Department  
Employment Application***

Date: \_\_\_\_\_ Position Desired \_\_\_\_\_

Name: \_\_\_\_\_  
                    First                      Middle                      Last                      Maiden

Address: \_\_\_\_\_  
                    Street                      City                      Township

Phone #: (    ) \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Education:**

High School: \_\_\_\_\_ Diploma: Yes No                      Circle One

If no was checked above, has G.E.D. been completed?: \_\_\_\_\_

College: \_\_\_\_\_ Degree: Yes No

Subjects Studied: \_\_\_\_\_

Technical School: \_\_\_\_\_

Additional Training: \_\_\_\_\_

**Employment History:**

Present Employer:\_\_\_\_\_ Supervisor:\_\_\_\_\_

Address:\_\_\_\_\_ Phone:( )\_\_\_\_\_

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Previous Employer:\_\_\_\_\_ Supervisor:\_\_\_\_\_

Address:\_\_\_\_\_ Phone:( )\_\_\_\_\_

**Personal References:**

Name:\_\_\_\_\_ Relationship:\_\_\_\_\_

Address:\_\_\_\_\_ Phone:( )\_\_\_\_\_

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Name:\_\_\_\_\_ Relationship:\_\_\_\_\_

Address:\_\_\_\_\_ Phone:( )\_\_\_\_\_

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Name:\_\_\_\_\_ Relationship:\_\_\_\_\_

Address:\_\_\_\_\_ Phone:( )\_\_\_\_\_

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**Additional Information:**

How did you find out about this employment opportunity?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been a part of any emergency services organization?

\_\_\_\_\_ If so with who? \_\_\_\_\_

List any fire service related, training you have.

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a felony violation? \_\_\_\_\_

If so explain:

\_\_\_\_\_  
\_\_\_\_\_

Do you currently have any traffic violations on your driving record?

\_\_\_\_\_ If so explain:

\_\_\_\_\_  
\_\_\_\_\_

***Applicants Signature:***

\_\_\_\_\_ ***Date:*** \_\_\_\_\_