

Krum Volunteer Fire Department

333 West Lake Street
Krum, Texas 76249

Application for Full-Time, Part-Time, and Volunteer Positions

Position for which you are applying: _____

Circle One: Part-Time Volunteer

Date of Application: / /

Please Print or Type

Last Name		First Name		Middle Initial	Social Security Number
Street Address				Home Phone Number	
City/ State/ Zip				Work Phone Number	
May we call you at your daytime phone number if we need more information?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you at least eighteen (18) years of age?					<input type="checkbox"/> Yes <input type="checkbox"/> No If under 18, indicate age: _____
Do you have the legal right to work in the United States?					<input type="checkbox"/> Yes <input type="checkbox"/> No <small>It will be necessary to submit documents as required by law to verify your identification and employment authorization upon employment</small>
Have you ever filed an application with the City of Krum?					<input type="checkbox"/> Yes <input type="checkbox"/> No If yes. When? _____
Have you ever been employed with the City of Krum?					<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____
Are you currently employed?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, may we contact your employer?		<input type="checkbox"/> Yes <input type="checkbox"/> No
How soon would you be available to work?					
Are you related to any person employed by the City of Krum?					<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list
Name of Relative		Department		Relationship	
Name of Relative		Department		Relationship	
Name of Relative		Department		Relationship	
Do you have any prior Law Enforcement experience?					<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list all certificates and departments with which you have been employed:
Do you have any prior Fire Service experience?					<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list all certificates and departments with which you have been employed:

EDUCATION

Your educational record will be considered only to the extent that is relevant to the position sought. High school diploma or GED and college transcript(s) may be required for verification of education prior to employment.

High School Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		Ged? <input type="checkbox"/> Yes <input type="checkbox"/> No		Agency? _____	
Circle the highest grades completed: Grade School 1 2 3 4 5 6 7 8		High School 9 10 11 12		College 1 2 3 4	
Graduate School 1 2 3 4		Do you have a college degree? <input type="checkbox"/> Yes <input type="checkbox"/> No			
		Number of college hours completed if no degree: _____			
High School / GED					
Name(s) / Agency and addresses					
Major/Minor Field of Study					
Diploma or Degree Awarded <input type="checkbox"/> Yes <input type="checkbox"/> No					
Dates Attended					
College					
Name(s) / Agency and addresses					
Major/Minor Field of Study					
Diploma or Degree Awarded <input type="checkbox"/> Yes <input type="checkbox"/> No					
Dates Attended					
Graduate School					
Name(s) / Agency and addresses					
Major/Minor Field of Study					
Diploma or Degree Awarded <input type="checkbox"/> Yes <input type="checkbox"/> No					
Dates Attended					
Vocational or Other					
Name(s) / Agency and addresses					
Major/Minor Field of Study					
Diploma or Degree Awarded <input type="checkbox"/> Yes <input type="checkbox"/> No					
Dates Attended					
Please list any skills that you possess that may be useful in performing the essential functions of the job for which you are applying (i.e., computer skills, equipment operated, technical knowledge):					
Please list any licenses/ certifications/ registrations, etc. that you have been awarded or have obtained that pertain to the position for which you are applying: (Attach copies of all current certifications)					

EMPLOYMENT HISTORY

Have you been discharged or asked to resign a position within the last five (5) years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain:		

Previous Employment

List all employment for the past ten (10) years, including any type of military service. Begin with the most recent employer and work back to state any previous jobs, in chronological order. To add more positions, continue on a blank sheet of paper. Experience more than ten (10) years ago should be included if pertinent to the job for which you are applying.

Current Employer	Job Title	Start Date (mo/day/yr) ____/____/____	End Date (mo/day/yr) ____/____/____
Salary \$ _____	Per (Check One) Hour <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/>		
Address		City, State, Zip	
Supervisor	Phone	May we contact your Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Description of Duties:			
Previous Employer	Job Title	Start Date (mo/day/yr) ____/____/____	End Date (mo/day/yr) ____/____/____
Salary \$ _____	Per (Check One) Hour <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/>		
Address		City, State, Zip	
Supervisor	Phone	May we contact your Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Description of Duties:			
Previous Employer	Job Title	Start Date (mo/day/yr) ____/____/____	End Date (mo/day/yr) ____/____/____
Salary \$ _____	Per (Check One) Hour <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/>		
Address		City, State, Zip	
Supervisor	Phone	May we contact your Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Description of Duties:			

Previous Employer	Job Title	Start Date (mo/day/yr) ____/____/____	End Date (mo/day/yr) ____/____/____
Salary \$ _____	Per (Check One) Hour <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/>		
Address		City, State, Zip	
Supervisor	Phone	May we contact your Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Description of Duties:			
Previous Employer	Job Title	Start Date (mo/day/yr) ____/____/____	End Date (mo/day/yr) ____/____/____
Salary \$ _____	Per (Check One) Hour <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/>		
Address		City, State, Zip	
Supervisor	Phone	May we contact your Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Description of Duties:			
Previous Employer	Job Title	Start Date (mo/day/yr) ____/____/____	End Date (mo/day/yr) ____/____/____
Salary \$ _____	Per (Check One) Hour <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/>		
Address		City, State, Zip	
Supervisor	Phone	May we contact your Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Description of Duties:			

MILITARY EXPERIENCE

Have you ever served in any branch of Armed Forces of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No
From ____/____/____ to ____/____/____ Branch _____
Type of Military Discharge _____
Description of Duties

DRIVING AND CONVICTION RECORD

Driver's License Number	State of Issue	Type	Expiration Date
-------------------------	----------------	------	-----------------

Have you had any driving violations within the last three (3) years for which you were convicted, served probation, took deferred adjudication or attended driving school? Yes No If yes, please complete the following and attach any additional information if necessary:

Charge	Date	Location/Law Enforcement Agency
1	____/____/____	
2	____/____/____	
3	____/____/____	

Has your driver's license ever been revoked/suspended? Yes No If yes, please explain:

--

Have you ever been convicted of or received deferred adjudication for a felony or misdemeanor, other than minor traffic violations? Yes No If yes, please provide the following:

Charge	Date	Location/Law Enforcement Agency
	____/____/____	
	____/____/____	
	____/____/____	

NOTE: A prior conviction will not automatically exclude you from employment.

REFERENCES

Please list three (3) references not related to you.

Name	Relation (friend, Co-worker, etc.)	Home Phone	Years Known
Address	City	State	Zip
Occupation			Work Phone
Name	Relation (friend, Co-worker, etc.)	Home Phone	Years Known
Address	City	State	Zip
Occupation			Work Phone
Name	Relation (friend, Co-worker, etc.)	Home Phone	Years Known
Address	City	State	Zip
Occupation			Work Phone

Please read carefully before signing

PRE-EMPLOYMENT STATEMENT

I certify the statements made by me in this application are true, complete, and correct to the best of my knowledge, and are made by me in good faith. I understand that any falsifications, misrepresentations or omissions of fact in this application may be cause for my elimination from consideration for appointment, or, if already appointed, cause for termination, regardless of the time that elapses before such false information is discovered.

I understand that consideration of my employment in this position is contingent upon the results of a reference and background check.

Signature of applicant

Date of signature

AUTHORIZATION FOR RELEASE OF PERSONAL DATA

I, the undersigned, hereby authorize and request any present or former employer, educational institution, organization, law enforcement agency, financial institution, consumer reporting agency, or other persons having personal knowledge concerning my work record, school record, military record, reputation, or financial or credit status, to furnish Krum Volunteer Fire Department and/or its representatives, with any and all information in their possession regarding these matters, in connection with an application for or retention of employment. Furthermore, I hereby release from liability and hold harmless all persons, organizations, or supplying this information to Krum Volunteer Fire Department and/or its representatives. A photocopy of this authorization is as effective as the original.

Applicant's Printed Name _____

Applicant's Signature _____

Date of Signature _____ Applicant's Social Security Number _____-_____-_____