

APPLICATION FOR EMPLOYMENT

Revised
12/2002

Please DO NOT TYPE. Use ink or pencil.

RAWLINS VOLUNTEER FIRE DEPARTMENT

P.O. Box 1288
Rawlins, WY 82301
307-328-4596
FAX 307-324-5882

PERSONAL HISTORY STATEMENT

The following information is requested of you for verification and contact purposes:

<p>1. Your Name (Please Print)</p> <p>Last:_____ First:_____ Middle:_____</p> <p>Other Names (including nicknames) you have used or been known by:_____</p>										
<p>2. Please list the address at which you can be contacted.</p> <table><thead><tr><th>Number</th><th>Street</th><th>City</th><th>State</th><th>Zip</th></tr></thead><tbody><tr><td colspan="5">_____</td></tr></tbody></table>	Number	Street	City	State	Zip	_____				
Number	Street	City	State	Zip						

<p>3. Please list the local telephone number(s) at which you can be contacted, and the hours you can be contacted:</p> <p>() () ()</p>										
<p>4. Birth date:</p> <p>Month_____ Day_____ Year_____</p>										
<p>5. Social Security Number_____. In accordance with the Federal Privacy Act of 1974, disclosure is voluntary. The SSN will be used for identification purposes to ensure that proper records are obtained.</p>										

6. RELATIVES, REFERENCES ACQUAINTANCES: During the course of the background investigation, persons who know you will be asked to comment upon your suitability for the position of Volunteer Firefighter. Inquiries will be confined to job-relevant matters.

Please supply the appropriate information in the spaces provided below. If a category is not Applicable, write "N/A".

Father		
Mother		
Spouse		

PERSONAL OR PROFESSIONAL REFERENCES, ACQUAINTANCES (Continued)

7. Below, please list those individuals with whom you have Personal or Professional relationship with. Exclude family members.

Name	Address where person can be contacted. Include City, State and Zip Code.	Telephone Number

EDUCATION

8. The City of Rawlins requires a Volunteer Firefighter to possess a high school diploma or its equivalent. Please indicate your current situations with regard to this requirement.

_____ I possess a high school diploma.

_____ I passed the G.E.D. (General Educational Development) test.

_____ I possess other equivalent. Explain: _____

_____ I do not currently have a high school diploma or its equivalent, but I plan to satisfy this requirement in the future as follows:

RESIDENCE

Individuals who have become acquainted with you by reason of your different locations are often helpful in providing useful information for the background investigation.

9. Please list all of your residences during the last 10 years (list no information prior to your 15th birthday). Begin with your most current residence.

Address of Residence	City, State, Zip	Dates		If rented, give name & address of the person collecting the rent.
		To	From	

EXPERIENCE AND EMPLOYMENT

10. Beginning with your most current employment, please list all jobs, (including part-time, temporary, and voluntary positions) you have held in the past 10 years. (For the purposes of this personal history statement, voluntary work should be included as employment.) For identification and verification, please indicate the nature of the activity, i.e., full-time, part-time, or voluntary. If you have had intervening periods of military service or unemployment, please list those periods in sequence in the spaces provided.

Month & Year	Month & Year
Dates of Employment: From _____ To _____	
_____ Full-Time	_____ Part-Time
_____ Voluntary	
Name and Address of Employer _____	
Telephone Number _____	Name of Supervisor _____
Title or Duties (for identification purposes) _____	

Reason for leaving _____	

Month & Year	Month & Year
Dates of Employment: From _____ To _____	
_____ Full-Time _____ Part-Time _____ Voluntary	
Name and Address of Employer _____	
Telephone Number _____ Name of Supervisor _____	
Title or Duties (for identification purposes) _____	

Reason for leaving _____	

Month & Year	Month & Year
Dates of Employment: From _____ To _____	
_____ Full-Time _____ Part-Time _____ Voluntary	
Name and Address of Employer _____	
Telephone Number _____ Name of Supervisor _____	
Title or Duties (for identification purposes) _____	

Reason for leaving _____	

11. Have you ever been fired or asked to resign from any place of employment? _____ Yes _____ No If "yes", please give details (include when, where, circumstances).

12. Would any problem result if your present employer was contacted during the course of the back-ground investigation? _____ Yes _____ No If "no", when should contact be made? _____
--

MILITARY SERVICE

13. Have you ever served in the armed forces, National Guard or military reserves? ___ Yes ___ No
If "yes", please supply the following information.

Branch of Service	Service Number	Dates of Service	Type of Discharge
		From: To:	

14. Are you currently participating in any military reserve or National Guard program?

_____ Yes _____ No

LEGAL

15. If you have ever been arrested or convicted for any crime (excluding traffic citations), please give the following information:

Approximate Date	Police Agency	Circumstances

MOTOR VEHICLE OPERATION

16. Driver's License Number	State	Expiration Date

Name under which license was granted:

17. Wyoming law requires that operators and owners of motor vehicles be covered by automobile liability insurance. Therefore, please list the current liability insurance you have with your motor vehicles.

Company	Address	Policy No.	Exp. Date

I hereby certify that all statements made in the Personal History Statement are true and complete, and I understand that any mis-statements of material facts will subject me to disqualification or dismissal.

Signature (in full)

Date