



Bloom Township Fire Department Application For Part-Time Employment

Last Name:	First Name:	Middle Name:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address #: Street	City:	State:	Zip Code:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Telephone Number:	Social Security Number:
<input type="text"/>	<input type="text"/>

Email Address:	Date of Application:
<input type="text"/>	<input type="text"/>

How Did You Hear About Us?

If you are under 18, can you provide proof of eligibility to work?	Yes	No
<input type="text"/>	<input type="text"/>	<input type="text"/>

Have you ever filed an application with us before?	Yes	No	If yes, give date:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Do any of your relatives work at Bloom Township?	Yes	No	If yes, who?:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Are you currently employed?	Yes	No
<input type="text"/>	<input type="text"/>	<input type="text"/>

May we contact your present employer?	Yes	No
<input type="text"/>	<input type="text"/>	<input type="text"/>

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (Proof of citizenship or immigrant status will be required to be employed)	Yes	No
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date available for work:	What is your desired salary?:
<input type="text"/>	<input type="text"/>



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Education

If one doesn't apply to you, leave blank

	Name of School	Course of Study	Numbers Of Years Completed	Diploma or Degree acquired
Elementary School				
Middle School				
High School				
Undergraduate College				
Graduate Professional (Master's)				
Fire School				
EMT(B) School				
Paramedic School				
Other (Specify)				



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Describe any specialized training, apprenticeship, skills, and extracurricular activities:

Have you ever been enlisted in any branch of the U.S Military? Explain. (If no, put N/A)

Summarize special job-related and qualifications acquired from employment or life experience:



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Employment Experience

Start with your present or last job

1.

Employer:	Dates Employed (From - To):
<input type="text"/>	<input type="text"/>
Address:	Hourly Rate (Starting - Final):
<input type="text"/>	<input type="text"/>
Telephone Number(s):	Supervisor(s) Name(s):
<input type="text"/>	<input type="text"/>
Job Title:	Reason For Leaving:
<input type="text"/>	<input type="text"/>
Work Performed:	
<input type="text"/>	

2.

Employer:	Dates Employed (From - To):
<input type="text"/>	<input type="text"/>
Address:	Hourly Rate (Starting - Final):
<input type="text"/>	<input type="text"/>
Telephone Number(s):	Supervisor(s) Name(s):
<input type="text"/>	<input type="text"/>
Job Title:	Reason For Leaving:
<input type="text"/>	<input type="text"/>
Work Performed:	
<input type="text"/>	



Bloom Township Fire Department Application For Part-Time Employment

3.

Employer:	Dates Employed (From - To):
<input type="text"/>	<input type="text"/>
Address:	Hourly Rate (Starting - Final):
<input type="text"/>	<input type="text"/>
Telephone Number(s):	Supervisor(s) Name(s):
<input type="text"/>	<input type="text"/>
Job Title:	Reason For Leaving:
<input type="text"/>	<input type="text"/>
Work Performed:	
<input type="text"/>	

4.

Employer:	Dates Employed (From - To):
<input type="text"/>	<input type="text"/>
Address:	Hourly Rate (Starting - Final):
<input type="text"/>	<input type="text"/>
Telephone Number(s):	Supervisor(s) Name(s):
<input type="text"/>	<input type="text"/>
Job Title:	Reason For Leaving:
<input type="text"/>	<input type="text"/>
Work Performed:	
<input type="text"/>	



Bloom Township Fire Department

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State any additional information you feel may be helpful to us in considering your application:

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References

1. Name:	Telephone Number:
<input type="text"/>	<input type="text"/>
2. Name:	Telephone Number:
<input type="text"/>	<input type="text"/>
3. Name:	Telephone Number:
<input type="text"/>	<input type="text"/>
4. Name:	Telephone Number:
<input type="text"/>	<input type="text"/>

I certify that answers given herein are true and complete. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant:	Date:
<input type="text"/>	<input type="text"/>