APPLICATION FOR EMPLOYMENT

TOWN OF LAGRANGE

LAGRANGE VOLUNTEER FIRE DEPARTMENT

1201 N. Townline Road

LaGrange, Indiana 46761

Positions Applied For: _____

Date of Application:	Details:
How did you learn about us? ☐ Advertisement ☐ Friend ☐ Walk-In ☐ Employment Agency ☐ Relative ☐ Other _____	

Last Name:	First Name:	Middle Name:	
Address:	City:	State:	ZIP Code
Telephone Number(s): Home:	Cell:	Social Security Number:	

Driver's License Number and State: (If applicable to position for which you are applying)	

Have you ever filed an application with us?	☐ Yes ☐ No
If yes, give date:	

Have you ever been employed with us before?	☐ Yes ☐ No
If yes, give date:	

Because of Federal & State laws that we work with, we need to know if you have been convicted of theft or a felony of any kind. ☐ Yes ☐ No

Are you currently employed? ☐ Yes ☐ No

May we contact your present employer? ☐ Yes ☐ No

Are you prevented from lawfully becoming employed in this country because Visa or Immigration Status?
Proof of citizenship or immigration status will be required upon employment. ☐ Yes ☐ No

On what date would you be able for work?	Date:

Are you available to work: ☐ Full Time ☐ Part Time ☐ Shift Work ☐ Temporary Work

Are you currently on "lay-off" status and subject to recall? ☐ Yes ☐ No

Can you travel if work requires it? ☐ Yes ☐ No

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital status, or any other legally protected status.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

	Name & Address of School	Course of Study	Years Completed	Diploma / Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (specify)				

Indicate any FOREIGN languages you can speak, read and/or write

	Fluent	Good	Fair
Speak			
Read			
Write			

Describe any specialized training, apprenticeship, and skills that may be job related:

Describe any job related training received in the United States Military:

EMPLOYMENT HISTORY

Start with your present or last job. Include any job related military service assignments and volunteer activities. **You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.**

Employer:	Dates Employed: From:__________ To __________	Work Performed:
Address:	Hourly Rate/Salary: Starting: __________ Final: __________	
Telephone Number:	Job Title: Supervisor:	Reason for Leaving:

Employer:	Dates Employed: From:__________ To __________	Work Performed:
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Telephone Number:	Job Title: Supervisor:	Reason for Leaving:

Employer:	Dates Employed: From:__________ To __________	Work Performed:
Address:	Hourly Rate/Salary: Starting: __________ Final: __________	
Telephone Number:	Job Title: Supervisor:	Reason for Leaving:

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held. **You may exclude memberships which would reveal gender, religion, age, ancestry, national origin, disability or other protected status:**

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

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 active for a period of time 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. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

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

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview: ☐ Yes ☐ No

Remarks: _____

Interviewer: _____ Date: _____

Employed: ☐ Yes ☐ No Date of Employment: _____

Job Title: _____ Hourly Rate/Salary: _____ Department: _____

By: _____ Date: _____

NAME AND TITLE

Notes: