

Application for Arcanum Fire Department

Arcanum Fire Department is an equal opportunity employer. Qualified applicants are considered for positions without regards to race, color, religion, gender, national origin, age, marital status, veteran status, or the presence of a non-job related medical condition or disability.

Personal Information

Name _____

Address _____

Phone _____ SSN _____

Have you ever applied to, or worked for Arcanum Fire Department before, Yes No,
(if yes, indicate when _____)

Driver License Number and State _____

Month and day of birth _____

Do you have a criminal or traffic conviction Yes or No. If yes list below

Year	Offense	City	State
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Education

High School _____ City & State _____ From/ to _____

College _____ City & State _____ From/ to _____

Technical _____ City & State _____ From/ to _____

Degree's earned _____

Technical Certifications/License held _____

Employer

Name and Telephone _____

(over)

Personal References

List three non-relatives who have known you for at least 5 years

<i>Name</i>	<i>Telephone</i>	<i>Relationship</i>	<i>Years known</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Authorization to conduct background check

(Please read carefully)

I hereby authorize the release to Arcanum Fire Department, of information held by any parties regarding my current employment, records of convictions for violation of any federal, state, or local statutes or ordinances, education, worker compensation history, driving records and other information. I understand Arcanum Fire Department intends to utilize this information into my background for employment purposes only and will not disclose such information to any other party. I hereby acknowledge that Arcanum Fire Department cannot vouch for, or guarantee accuracy of information provided by third parties. Accordingly, I release Arcanum Fire Department; it's agents from any liability arising out of any errors or omissions regarding my background information.

Signature _____ *Date* _____

I authorize investigation of all statements made in this application. I understand that misrepresentation or omission of facts is cause for dismissal. I understand that my employment is for no definite period and may regardless of date of payment of wages, be terminated at anytime without pervious notice and without cause.

Signature _____ *Date* _____