



Application for Volunteer Positions

Applicant Information

Full Name: _____ DOB: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: (____) _____ E-mail Address: _____

Driver's License No: _____ State: _____ Social Security No.: _____

Position Applied for: Active Member Support Member Cadet

Do you currently hold any Firefighter certification in the state of Vermont? YES NO If yes, what is the highest level of certification you currently hold? FFI FFII

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Prior employment with the Town of Shelburne? YES NO If so, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Have you been disciplined or discharged by a former employer for any type of dishonesty, ethical misconduct or violent behavior in the last 15 years? YES NO

If yes, explain: _____

Are you currently employed? YES NO By Whom? _____

May we contact your present employer? YES NO

Education

High School: _____ City: _____ State: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ City: _____ State: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ City: _____ State: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ **Relationship:** _____

Company: _____ **Phone:** () _____

Address: _____

Full Name: _____ **Relationship:** _____

Company: _____ **Phone:** () _____

Address: _____

Full Name: _____ **Relationship:** _____

Company: _____ **Phone:** () _____

Address: _____

Employment

Company: _____ **Phone:** () _____

Address: _____ **Supervisor:** _____

Job Title: _____

Responsibilities: _____

From: _____ **To:** _____ **Reason for Leaving:** _____

May we contact your supervisor for a reference? YES NO

Company: _____ **Phone:** () _____

Address: _____ **Supervisor:** _____

Job Title: _____

Responsibilities: _____

From: _____ **To:** _____ **Reason for Leaving:** _____

May we contact your supervisor for a reference? YES NO

Company: _____ **Phone:** () _____

Address: _____ **Supervisor:** _____

Job Title: _____

Responsibilities: _____

From: _____ **To:** _____ **Reason for Leaving:** _____

May we contact your supervisor for a reference? YES NO

Previous Fire Experience

Department: _____ **City:** _____
Dates Served: From: _____ To: _____ **Rank:** _____
Dept. Contact: _____ **Rank:** _____ **Phone:** _____
Department: _____ **City:** _____
Dates Served: From: _____ To: _____ **Rank:** _____
Dept. Contact: _____ **Rank:** _____ **Phone:** _____
Certifications: _____ **Date:** _____
 _____ **Date:** _____
 _____ **Date:** _____

Please attach copies of your Fire Dept. certifications (i.e. FFI, FFII etc.)

Military Service

Branch: _____ **From:** _____ **To:** _____
Rank at Discharge: _____ **Type of Discharge:** _____
If other than honorable, explain: _____

Disclaimer and Signature

If I am hired by the Shelburne Fire Department, I understand that the Fire Department's Personnel Policies shall be applicable to me. These policy manuals are updated from time to time, and I agree to read, comply and stay current with their provisions during my employment.

I understand that if I accept employment with the Town of Shelburne, I may receive Shelburne Fire Department owned property to fulfill my employment obligations. At the time my employment with the Department ends, I shall immediately return to the Department all of its property promptly and in good working condition. If I fail to do this, I will be held personally liable for any missing or damaged property.

I understand that the position for which I am applying includes physically strenuous and demanding tasks. Therefore, I must pass a department sanctioned physical exam.

I understand that the position for which I am applying may include the operation of Town owned Motor Vehicles. Therefore, I must pass a Vermont Driver's License Check prior to employment.

I understand that the position for which I am applying includes work with individuals or groups who are recognized as vulnerable, such as children, the elderly, or mentally disabled. Therefore, I must pass a background and / or record check prior to employment.

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.

I certify that my answers on this form and on any attachments are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment and any attachments as may be necessary in arriving at an employment decision.

I am aware that if an investigation discloses misrepresentation or falsification, my application may be rejected, my name removed from the applicant list, and if already employed may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature: _____ **Date:** _____