

# MIDWAY FIRE DISTRICT

200 Consaul Road  
Albany, NY 12205-3623  
518-456-1993

(Please Print Clearly)

## Application for Employment

Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First M.I.

Phone ( ) \_\_\_\_\_

Present address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Position desired \_\_\_\_\_

Shift preferred 1  2  3  Any  Days Available \_\_\_\_\_

Would you accept full-time? Yes  No

Would you accept part-time? Yes  No

Expected pay range \_\_\_\_\_

On what date would you be available to begin work? \_\_\_\_\_

Are you of legal age to work in the United States? Yes  No

Are you legally eligible for employment in the United States? Yes  No

Have you ever been convicted of a crime? Yes  No  If yes, please explain \_\_\_\_\_

Have you ever been employed here before Yes  No

(or been a volunteer firefighter here)

If yes, please list title and dates \_\_\_\_\_

### For Office Use Only

Position \_\_\_\_\_

Hire Date \_\_\_\_\_

Rate \_\_\_\_\_

Class \_\_\_\_\_

Other \_\_\_\_\_

Notes \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Record of Education

School	Name and location of school	Course of study	Did you graduate	Degree or diploma
High School			Yes <input type="checkbox"/> No <input type="checkbox"/>	
College			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Graduate School			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other			Yes <input type="checkbox"/> No <input type="checkbox"/>	

### Employment Experience

Place a  in the  by the employer(s) you *do not* want us to contact. List your most recent employer first.

1.  Employer \_\_\_\_\_ Address \_\_\_\_\_  
Phone ( ) \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Dates Employed: from \_\_\_\_\_ to \_\_\_\_\_ Salary/rate: starting \_\_\_\_\_ final \_\_\_\_\_  
Work Performed \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

2.  Employer \_\_\_\_\_ Address \_\_\_\_\_  
Phone ( ) \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Dates Employed: from \_\_\_\_\_ to \_\_\_\_\_ Salary/rate: starting \_\_\_\_\_ final \_\_\_\_\_  
Work Performed \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

3.  Employer \_\_\_\_\_ Address \_\_\_\_\_  
Phone ( ) \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Dates Employed: from \_\_\_\_\_ to \_\_\_\_\_ Salary/rate: starting \_\_\_\_\_ final \_\_\_\_\_  
Work Performed \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

4.  Employer \_\_\_\_\_ Address \_\_\_\_\_  
Phone ( ) \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Dates Employed: from \_\_\_\_\_ to \_\_\_\_\_ Salary/rate: starting \_\_\_\_\_ final \_\_\_\_\_  
Work Performed \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

Have you ever been discharged or asked to resign from any position? Yes  No  If yes, please

explain: \_\_\_\_\_

Membership in professional or civic organizations which would be relevant to the position for which you are applying:

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Special training, certifications or skills (languages, machine operation, software packages, etc.) that would be of benefit in the job for which you are applying:

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**Personal References**

(Other than family or employers previously listed)

1. Name \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

2. Name \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

3. Name \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

**Please read the following statement:**

I understand that the Immigration Reform and Control Act of November 6, 1986 requires me to prove the legality of my residency or citizenship. I am also aware that the failure to provide such proof at the time of request may legally force my termination. To the best of my knowledge the information contained in this application is true. I understand that nothing contained in this employment application or in the granting of an interview is intended to create a contract between me and the Fire District for either employment or the provision of any benefits; and further understand that if an employment relationship subsequently is established, I will have the right to terminate my employment at any time and the Fire District will have a similar right. I certify that all the information supplied on this application is true and accurate to the best of my knowledge. I authorize The Midway Fire District to investigate any references or statements on this application and understand that falsification of information on the application form will be grounds for dismissal regardless of the time of discovery. I further authorize third parties who are contacted by the Fire District to provide information concerning me and a copy of this authorization shall be as effective as an original.

**Applicant's signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**The Midway Fire District does not discriminate on the basis of age, sex, race, creed, national/ethnic origin or disability. We are an Equal Opportunity Employer.**

**Applicant: Do not write on this page. For office use only.**

**Interview Results**

Interviewer	Date	Comments

**Reference Check**

Results of Employer Reference Check

Name of Employer	Results

Results of Personal Reference Check

Name of Reference	Results

**Test Results (if applicable)**

Tests Administered	Date	Results and comments