

# Hockessin Fire Company.

**PLEASE PRINT ALL  
INFORMATION REQUESTED  
EXCEPT SIGNATURE**

## APPLICATION FOR EMPLOYMENT

**PLEASE COMPLETE PAGES 1-5.**

DATE \_\_\_\_\_

Name \_\_\_\_\_  
Last                      First                      Middle                      Maiden

Present address \_\_\_\_\_  
Number                      Street                      City                      State                      Zip

How long \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

Position applied for \_\_\_\_\_

Days/hours available to work

No Pref \_\_\_\_\_ Thur \_\_\_\_\_

Mon \_\_\_\_\_ Fri \_\_\_\_\_

Tue \_\_\_\_\_ Sat \_\_\_\_\_

Wed \_\_\_\_\_ Sun \_\_\_\_\_

How many hours can you work weekly? \_\_\_\_\_ Can you work nights? \_\_\_\_\_

Employment desired     FULL-TIME ONLY             PART-TIME ONLY             FULL OR PART-TIME

When are you available for work if hired ? \_\_\_\_\_

| TYPE OF SCHOOL       | NAME OF SCHOOL | LOCATION<br>(Complete mailing address) | NUMBER OF YEARS COMPLETED | MAJOR & DEGREE |
|----------------------|----------------|--|---------------------------|----------------|
| High School          |                |  |                           |                |
| College              |                |  |                           |                |
| Bus. or Trade School |                |  |                           |                |
| Professional School  |                |  |                           |                |
|                      |                |  |                           |                |

HAVE YOU EVER BEEN CONVICTED OF A CRIME?     No                       Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. \_\_\_\_\_

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DO YOU HAVE A DRIVER'S LICENSE?     Yes     No

What is your means of transportation to work? \_\_\_\_\_

Number \_\_\_\_\_ State of issue \_\_\_\_\_     Operator     Commercial (CDL)     Non CDL

Expiration date \_\_\_\_\_

Have you had any accidents during the past three years?

How many? \_\_\_\_\_

Have you had any moving violations during the past three years?

How Many? \_\_\_\_\_

### COMPUTER SKILLS

Typing     Yes    \_\_\_\_\_ WPM  
             No

EDIN     Yes  
           No

Fire     Yes  
Reporting     No

Please list two references other than relatives or previous employers.

Name \_\_\_\_\_

Position \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Telephone (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Please list two references other than relatives or previous employers.

Name \_\_\_\_\_

Position \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Telephone (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

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MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES?  Yes  No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?  Yes  No

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

**Work Experience** Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

|  |                         |                                |                                 |
|--|-------------------------|--------------------------------|---------------------------------|
| Name of employer _____<br>Address _____<br>City, State, Zip Code _____<br>Phone number _____                                   | Name of last supervisor | Employment dates<br>From<br>To | Pay or salary<br>Start<br>Final |
| Your last job title  |                         |                                |                                 |
| Reason for leaving (be specific)   |                         |                                |                                 |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. |                         |                                |                                 |

|  |                         |                                |                                 |
|--|-------------------------|--------------------------------|---------------------------------|
| Name of employer _____<br>Address _____<br>City, State, Zip Code _____<br>Phone number _____                                   | Name of last supervisor | Employment dates<br>From<br>To | Pay or salary<br>Start<br>Final |
| Your Last Job Title  |                         |                                |                                 |
| Reason for leaving (be specific)   |                         |                                |                                 |
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|  |                         |                                |                                 |
|--|-------------------------|--------------------------------|---------------------------------|
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| Your last job title  |                         |                                |                                 |
| Reason for leaving (be specific)   |                         |                                |                                 |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. |                         |                                |                                 |

May we contact your present employer?     Yes     No

Did you complete this application yourself     Yes     No

If not, who did? \_\_\_\_\_

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**PLEASE READ CAREFULLY**

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## **APPLICATION FORM WAIVER**

In exchange for the consideration of my job application by Hockessin Fire Company. (hereinafter called "the Company"), I agree that:

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy.

I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

**Signature of applicant** \_\_\_\_\_ **Date:** \_\_\_\_\_

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This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

**Hockessin Fire Company**

**EMPLOYEE'S CRIMINAL HISTORY UPDATE AFFIDAVIT**

This affidavit **must** be completed by all employees of Hockessin Fire Company ("HFC") each and every year of employment with HFC. Employment will be terminated if not received by HFC as of \_\_\_\_\_ Employees must complete one of the two statements below.

**AFFIDAVIT**

I have never been convicted of an offense that constitutes any of the crimes set forth in **16 Del. C. §6647** (*attached hereto*) or any similar offense under any federal, State, or local law. I hereby re-affirm and certify that the statements contained in my application for employment, criminal history report and driving record remain true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statement in this certification, I am subject to penalties prescribed by law, including but not limited to immediate termination from employment with CFC and prosecution for perjury.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

I am unable to submit the above statement. My written explanation as to what is not true with regard to the above statement and why is set forth below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date