

# WINDSOR TOWNSHIP FIRE/EMS APPLICATION - PAID-ON-CALL

I am interested in becoming a member of the:

\_\_\_\_\_ Fire Division

\_\_\_\_\_ Emergency Medical Services (EMS) Division

Time(s) I would be available to respond to emergency calls: \_\_\_\_\_

\_\_\_\_\_

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## PERSONAL INFORMATION

Full name: \_\_\_\_\_  
Last, First Middle

Address: \_\_\_\_\_  
Number Street

\_\_\_\_\_ Telephone:(\_\_\_\_) \_\_\_\_\_  
City State Zip

Other names by which I am/have been known (include explanation):

\_\_\_\_\_

\_\_\_\_\_

Are you a United States Citizen? \_\_\_\_\_ Yes \_\_\_\_\_ No

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## EDUCATIONAL HISTORY

List all professional licenses/certifications you currently hold (e.g. Firefighter I/II, EMT Paramedic, EMT, ACLS, Hazardous Materials, Confined Space, CPR Instructor) Attach copies of certificates if available

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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List any other information, knowledge, skills, abilities, and/or interests which you feel may add to your qualifications for employment: \_\_\_\_\_

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

My signature on this application authorizes representatives of Windsor Township to contact educational organizations, institutions, or instructors as required to evaluate my application.

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**EMPLOYMENT HISTORY**

Are you currently employed? \_\_\_\_ Yes \_\_\_\_ No

List employment information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Do we have permission to contact your employer? \_\_\_\_ Yes \_\_\_\_ No

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**CRIMINAL HISTORY**

Are there any felony charges pending against you? \_\_\_\_ Yes \_\_\_\_ No

Have you been convicted of a crime in the last 7 years? \_\_\_\_ Yes \_\_\_\_ No

If "Yes", when \_\_\_\_\_ Where \_\_\_\_\_

Nature of offense \_\_\_\_\_

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**PERSONAL REFERENCES (NO FORMER EMPLOYERS OR RELATIVES)**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Years known: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Years known: \_\_\_\_\_

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I certify that the information I have given on this form is true and complete according to my best knowledge. I recognize that any misrepresentation or falsification will be cause for rejection of this application or for dismissal, if discovered after I have been hired. I agree to undergo a physical examination and/or drug testing any time at the Township's expense to determine if I am physically fit for the job. I authorize Windsor Township to verify any statement contained within this application and will execute authorizations for the release of information as required. In consideration of my employment I agree to conform to the Personnel Rules of Windsor Township. I agree that my employment is not for any definite term, and my employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either Windsor Township or myself.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date