



Application for Walworth Emergency Services

The following information is for official use only and will not be released to unauthorized persons, nor will it be used to discriminate against any applicant.

NOTICE: Application must be clearly printed in ink. All questions must be answered, if applicable. Incomplete applications will not be considered. If space is insufficient for complete answers or you wish to furnish additional information, attach an additional sheet to this application. Be sure to number answers on the additional sheet to match the questions on this application.

APPLICANT

Name: Last, First, Middle _____

Phone number – Home _____ Cell _____

RESIDENCE

Home Address _____

Mailing Address (if different) _____

Email Address _____

EDUCATION

Name of School	Location	Highest Grade Completed/ Courses Taken
High School _____	_____	_____
College _____	_____	_____
Other _____	_____	_____

REFERENCES

Give three (3) references (not relatives or present employer)

Name	Number of Years Acquainted	Occupation

Home Address _____ Phone _____

City/State/Zip _____

Name	Number of Years Acquainted	Occupation

Home Address _____ Phone _____

City/State/Zip _____

Name	Number of Years Acquainted	Occupation

Home Address _____ Phone _____

City/State/Zip _____

EMPLOYMENT HISTORY

List chronologically all employment including part-time employment, beginning with current employer.

Name _____ Date Employed _____ Position _____

Address _____ City/State/Zip _____

Name _____ Date Employed _____ Position _____

Address _____ City/State/Zip _____

Name _____ Date Employed _____ Position _____

Address _____ City/State/Zip _____

GENERAL INFORMATION

Have you ever been a member of a Fire Department? Rescue Squad? _____

If yes, name of service _____

Availability: _____ Morning _____ Afternoon _____ Evening _____ Night

Why have you applied for membership to the Walworth Emergency Services?

What special skills or attributes do you have that would benefit Walworth Emergency Services?

I understand that all appointments are probationary for a period during which I must demonstrate my ability and understanding for continued membership in the Walworth Emergency Services.

I understand and agree that I may be required to take a physical examination as a condition of membership. I agree to such exam and to release the Walworth Emergency Services, its directors, officers, agents or employees from any claim arising in connection with the use of such exam.

I certify that the facts in my application for membership, as well as facts relayed during my personal interview (s), are true and complete to the best of my knowledge and understand that if employed, falsified statements shall be grounds for dismissal.

I agree to permit the Walworth Emergency Services to conduct an investigation into my background through the Police Department, State Police, FBI, or any other recognized law enforcement organization.

Signature of Applicant _____ Date _____

Signature of Administrator _____ Date _____

Please Include:

- A copy of your high school diploma/GED
- A copy of your valid driver's license