

DATE RECEIVED \_\_\_\_\_

RECEIVED BY \_\_\_\_\_



## TOWN OF ABINGDON FIRE DEPARTMENT APPLICATION FOR PART-TIME EMPLOYMENT

**INSTRUCTIONS:** It is important that you fill out all sections of this application completely and to the best of your ability. Your application will be used as part of the examination process and therefore should represent your best effort.

### COMPLIANCE NOTICE:

1. By signing this application you attest that you will not have facial hair which will conflict with the wearing of a self-contained breathing apparatus (SCBA).
2. By signing this application you attest that you do not and will not deliberately smoke or vape any substance where the resulting smoke or vapor is breathed in tasted or absorbed into the bloodstream or lungs.
3. By signing this application you attest that you will achieve Firefighter I Certification as administered by the Virginia Department of Fire Programs within 12 months of Department Membership acceptance.
4. By signing this application you attest that you consent to a physical examination and drug screen.

\_\_\_\_\_  
Signature of Applicant

**NOTE:** Applicants not wishing to sign the above need not complete this application.

Applications will be held on file for 6 months from the date received.

APPLICANTS CURRENT INFORMATION:

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

Present Address \_\_\_\_\_  
Street City State Zip

Permanent Address \_\_\_\_\_  
Street City State Zip

Telephone \_\_\_\_\_  
Home Work Cell

Are you at least 18 years of age? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, what is your birth date? \_\_\_\_\_

GENERAL INFORMATION:

Do you have any firefighting experience? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please list \_\_\_\_\_

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_ Height: \_\_\_\_\_ Feet \_\_\_\_\_ Inches Weight: \_\_\_\_\_ lbs

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

Have you been convicted of a traffic violation within the past 5 years? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain \_\_\_\_\_

Drivers License Number \_\_\_\_\_ Issuing State \_\_\_\_\_

EDUCATION: High School \_\_\_\_\_ College \_\_\_\_\_

Please list any skills, abilities, special certifications, licenses, special training courses, etc., you have that are applicable to firefighting:

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

**EMPLOYMENT:**

**Current or most recent employment:**

Job Title \_\_\_\_\_ Name and Title of Supervisor \_\_\_\_\_

Number of employees you supervise(d) \_\_\_\_\_ Employer/Company \_\_\_\_\_

Employers Address \_\_\_\_\_  
Street City State Zip

Date Employed \_\_\_\_\_ Phone Number \_\_\_\_\_ Duties \_\_\_\_\_

Full-time \_\_\_\_\_ Years \_\_\_\_\_ Months Part-time \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_

NOTE: If you are currently employed, may we inquire with your employer concerning your qualifications and character? Yes \_\_\_\_\_ No \_\_\_\_\_

**Next most recent employment:**

Job Title \_\_\_\_\_ Name and Title of Supervisor \_\_\_\_\_

Number of employees you supervised \_\_\_\_\_ Employer/Company \_\_\_\_\_

Employers Address \_\_\_\_\_  
Street City State Zip

Date Employed \_\_\_\_\_ Phone Number \_\_\_\_\_ Duties \_\_\_\_\_

Full-time \_\_\_\_\_ Years \_\_\_\_\_ Months Part-time \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

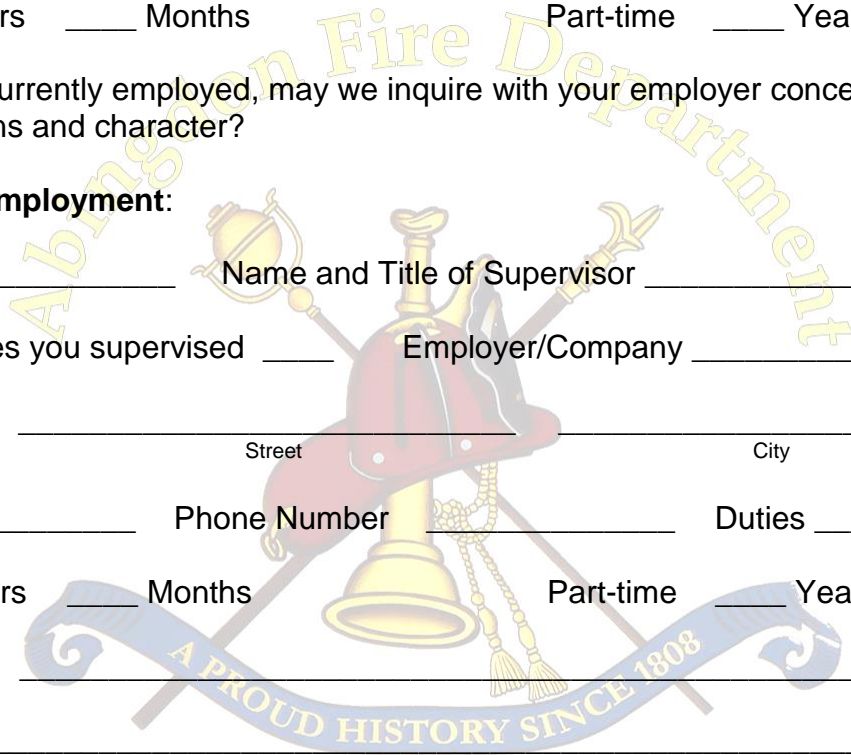
**SPECIAL INFORMATION:**

Will it be agreeable with your employer for you to leave your job and respond to a fire call? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you available for service after scheduled work hours? Yes \_\_\_\_\_ No \_\_\_\_\_

Will you attend all drills, schools and meetings of the Department? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please explain \_\_\_\_\_



REFERENCES:

Please do not list family members or present members of the Abingdon Fire Department. We recommend listing persons such as co-workers, teachers, etc., who have knowledge of your qualifications. Do not repeat names of supervisors listed with the employment record unless they can no longer be contacted at those addresses. Please include complete address below. If we may contact by telephone, please list appropriate number(s).

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Street City State Zip  
Telephone \_\_\_\_\_  
Home Business Cell

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Street City State Zip  
Telephone \_\_\_\_\_  
Home Business Cell

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Street City State Zip  
Telephone \_\_\_\_\_  
Home Business Cell

In case of an accident, please notify Name \_\_\_\_\_  
Address \_\_\_\_\_  
Street City State Zip  
Telephone \_\_\_\_\_  
Home Business Cell

I certify to the best of my knowledge and belief, the information given truly represents my background and experience. I understand that if I have knowingly misrepresented or falsified any of the application information that I may be disqualified for consideration.

I authorize my current and former employers to give any information regarding my employment, together with any information regarding me whether or not it is on their records. I hereby release them from any damages whatsoever of issuing same. I also permit the Town of Abingdon Fire Department to conduct a police and court records investigation of my background.

I hereby agree, if accepted by the Town of Abingdon Fire Department I will abide by the rules and regulations set forth in the General Orders of the Department. At any time I can no longer meet the requirements of the Department, I will notify the Chief or a Line Officer and immediately turn in to the Department any and all equipment, uniforms and accessories belonging to the Town of Abingdon Fire Department which was issued to me.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Accepted by the Abingdon Fire Department

Fire Chief \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Acceptance

Abingdon Fire Department



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