



Fort Mitchell Fire Department Application



Date _____

PERSONAL INFORMATION

Name _____ Maiden Name _____
Last First Middle

Social Security #: _____ - _____ - _____

Address _____ Contact Numbers () _____
Home

City _____ () _____
Cell

Zip Code _____ Email: _____

Employment Desired

Desired Status: Volunteer Part-Time Full-Time

Position: _____ Date You Can Start _____ Salary Desired: _____

Are You Employed? Yes No / If so, may we contact your present Employer? Yes No

Ever Applied to This Department Before? Yes No
Where? _____ When? _____

Education History

	Name and Location of School	Years Attended	Did you Graduate?	Subjects Studied
High School				
College				
Trade, Business or Correspondence School				

Please attach a copy of your high school diploma to this application.



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General Information

Subjects of special study, research, work or special training skills	
Hobbies: _____	
U. S. Military Service	Rank

Former Employers

(List below last four employers starting with the most current first.)

Date (mm/yy – mm/yy)	Name & Address of Employer	Position	Reason for Leaving

REFERENCES

Give the names of four persons not related to you have known you for at least one year.

Name	Address	Business	Contact Number	Years Known



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Authorization

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the city from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the city has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized city representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the American with Disabilities Act (ADA) and other relevant federal and state laws"

Signature of Applicant: _____ Date: _____

-----Do Not Write Below This Line -----

Interviewed By: _____ Date: _____

Remarks: _____

Neatness: _____ Character : _____

Personality: _____ Ability: _____

Hired: _____ Position: _____ Will Report: _____

Salary/Wages: _____

Approved: 1. _____ 2. _____ 3. _____
Department Head Human Resources Manager Mayor