



# Whispering Pines Fire Rescue Department

## Employment Application



<b>GENERAL INFORMATION</b> (Please print neatly)		Date
Last Name	First Name	Middle Name
Street Address		Date of Birth
City	State	Zip
Cell Phone	Home Phone	Email
Drivers License Number and Class	Social Security Number	Marital Status
Are you a veteran? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, then Branch:	Dates of Military Service	Type of Separation
Have you ever worked for the Village of Whispering Pines? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when?		
Have you ever been convicted of a criminal offense (excluding minor traffic violations)? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain?		
Are you a citizen of the United States? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, are you authorized to work in the U.s.? Yes <input type="checkbox"/> No <input type="checkbox"/>		

<b>EMERGENCY SERVICES EXPERIENCE, TRAINING, &amp; CERTIFICATIONS</b>		
Dates	Agency/Department	Rank/Position
Dates	Agency/Department	Rank/Position
Dates	Agency/Department	Rank/Position
Dates	Agency/Department	Rank/Position
Dates	Agency/Department	Rank/Position
Emergency Medical Technician Certification		Certifying State
Fire Fighter Training/Certification		
Hazmat, Technical Rescue, Other Training/Certification		
Other relevant skills or abilities you wish to list:		

<b>EMERGENCY CONTACT INFORMATION</b>		
Name	Relationship	Phone Number
Name	Relationship	Phone Number



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<b>EDUCATION</b> (Please print neatly)		
High School	City and State	
Dates	Graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes? GED <input type="checkbox"/> Diploma <input type="checkbox"/>
College	City and State	
Dates	Graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree/Major
Other	City and State	
Dates	Graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree/Major

<b>MOST RECENT EMPLOYER</b>		
Company	Address	Phone Number
Title/Position	Supervisor Name	Dates Employed
Responsibilities		
Reason for Leaving?	May we contact your Supervisor for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>	

<b>REFERENCES</b> (Please do not list family members)		
Name	Address	Phone Number
Company	Relationship	Years known?
Name	Address	Phone Number
Company	Relationship	Years known?
Name	Address	Phone Number
Company	Relationship	Years known?

To be considered for membership, you must complete all of the questions listed. The Whispering Pines Police Department will perform a background check. I understand that a Medical Clearance Form and/or a medical examination will be required prior to beginning probationary employment and the cost of the exam will be my responsibility. I hereby certify that my answers are true and complete to the best of my knowledge. If approved, I understand that false or misleading information may result in my dismissal from the Whispering Pines Fire Rescue Department.

Signature	Date
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### THIS SECTION TO BE COMPLETED BY WHISPERING PINES STAFF

<b>APPLICATION PROCESS/STATUS</b> (To be completed by Fire Rescue Chief)		
Received by Fire Rescue Chief	Date	Initials
Reviewed by Fire Rescue Chief	Date	Initials
Forwarded to Police Chief for Criminal and Drivers License Check	Date	

<b>CRIMINAL/DRIVERS LICENSE CHECK</b> ( To be completed by Police Chief or his designee)		
Criminal Record History	Date	Initials
None <input type="checkbox"/> Yes <input type="checkbox"/> If yes, list offenses:		
Drivers License Check	Date	Initials
Class ____ Valid <input type="checkbox"/> Suspended <input type="checkbox"/> Other <input type="checkbox"/> If other, explain:		
Returned to Fire Rescue Chief for further consideration	Date	

<b>PROBATIONARY STATUS</b> ( To be determined by Fire Rescue Chief)		
Application Rejected	Date	Initials
Applicant Notified (attach letter)	Date	Initials
Medical Clearance Form Received	Date	Initials
Applicant Accepted as Probationary Employee	Date	Initials
Applicant Notified (attach letter)	Date	Initials
Probationary Period to Begin	Month	Year
Applicant assigned WPFRD Identification #		ID #
Whispering Pines Fire Rescue Association Notified		Date
Certification Attained (attain one): FF I <input type="checkbox"/> EMT <input type="checkbox"/> EVD/DO <input type="checkbox"/>		Date
Probationary Period Completed	Month	Year
Applicant Recommended to WPFR Association for Regular Membership		Date
Application Terminated	Date	Initials
Applicant Notified (attach letter)	Date	Initials
Reason for Termination: No certification <input type="checkbox"/> Lack of Drills <input type="checkbox"/> Lack of Participation <input type="checkbox"/> Other <input type="checkbox"/> _____		
Whispering Pines Fire Rescue Association Notified		Date