

# Application For Struthers Fire Department

(Pre-Employment Questionnaire) (An Equal Opportunity Employer)

NAME \_\_\_\_\_

(Last)

(First)

(MI)

(Social Security #)

ADDRESS \_\_\_\_\_

(Street)

(City)

(State)

(Zip)

TELEPHONE # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ CITIZEN of U.S. \_\_\_\_\_

INSURANCE COMPANY \_\_\_\_\_

POLICY # \_\_\_\_\_ AGENT \_\_\_\_\_

DRIVERS LICENSE # \_\_\_\_\_

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EDUCATION : Name & Location of School : Degree : Subject

HIGH SCHOOL:

COLLEGE:

SPECIAL:

ORGANIZED SPORTS ? \_\_\_\_\_ EXPLAIN \_\_\_\_\_

MILITARY EXPERIENCE ? \_\_\_\_\_ BRANCH \_\_\_\_\_

Dates \_\_\_\_\_ Type of Discharge \_\_\_\_\_

REFERENCES : List three people that are not related to you, that you have known for at least one year

NAME	: ADDRESS	: PHONE	: OCCUPATION
	:	:	:
	:	:	:
	:	:	:
	:	:	:
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EMPLOYMENT HISTORY - ( List below last four employers)

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DATE : NAME & ADDRESS OF EMPLOYER : POSITION HELD : REASON FOR LEAVING

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“I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.”

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SIGNATURE

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DATE