

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 # _____

=====

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
	:	:	:
	:	:	:
	:	:	:
	:	:	:
	:	:	:

EMPLOYMENT HISTORY - (List below last four employers)

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

:

:

:

:

:

:

:

:

:

:

:

:

:

:

:

:

:

:

:

:

:

:

:

:

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

SIGNATURE

DATE