

**FIRE & RESCUE**  
**CITY OF FRANKLIN**



Qualified applicants are considered for all positions without regard to race, color, religion, gender, national origin, political affiliation, age, Veteran's status or a non-job-related medical condition or disability.

**City of Franklin Application for Employment**

Position Applied for: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

How did you hear about this position? \_\_\_\_\_

If you have been in the armed services, please set forth which branch, how long and what rank:

\_\_\_\_\_

Date of discharge from the armed services: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

Are you legally eligible for employment in this country? \_\_\_\_\_

Have you submitted a City of Franklin application before? \_\_\_\_\_

If yes, give approximate date and position for: \_\_\_\_\_

Have you ever been employed by the City of Franklin before? \_\_\_\_\_

If yes, give approximate date of hire and separation from service? \_\_\_\_\_

If it is necessary to call you, what is the best phone number to call: \_\_\_\_\_

May we contact you at your current job? \_\_\_\_\_

Please provide your Driver's License information (number/state of issue): \_\_\_\_\_

Have you ever been convicted of or pled no contest to a felony, misdemeanor or traffic offences such as driving under the influence, driving on a revoked or suspended driver's license or driving without a license? \_\_\_\_\_

If so, please indicate the offense(s), the approximate date(s), and the court(s) which heard the case:

\_\_\_\_\_

### **Educational Background Beginning with High School**

<u>School</u>	<u>Location</u>	<u>Course Study</u>	<u>Degree/Date</u>
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If you do not have a high school education but have earned a GED, please indicate below that you have a GED and when you obtained it: \_\_\_\_\_

### **Employment History**

Chronologically list your occupation or employment for the past ten (10) years (most recent/current first). Use page 4 if necessary:

<u>From/To</u>	<u>Title</u>	<u>Company Name/Address</u>	<u>Duties</u>	<u>Reason for Leaving</u>
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Explain any gaps of three (3) months or more in your employment history: \_\_\_\_\_

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**Skills and Qualifications**

Describe any special training, skills, licenses, or certifications that may assist you in performing the position for which you are applying: \_\_\_\_\_

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If you have computer skills, please indicate what skills you have and what software you are proficient in the use of: \_\_\_\_\_

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**Other Job-Related Information**

Indicate below any other job-related information that you would like the City of Franklin Fire & Rescue Department to know about you: \_\_\_\_\_

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City of Franklin

**AUTHORIZATION FOR RELEASE OF INFORMATION**

To: (1) Any physician, hospital medical association, dentist, psychologist or (2) any Academic Dean, Registrar, Principle, Guidance Counselor or any school or college or (3) any law enforcement agency or (4) any past or present employer or (5) any U.S. Armed Forces or (6) any credit bureau.

I, \_\_\_\_\_ of \_\_\_\_\_,

have applied for employment with the City of Franklin, Virginia, Fire & Rescue Department. I have agreed as a condition of my application, to have background inquires made to, include my credit being investigated by representatives of the City of Franklin Fire & Rescue Department. I hereby authorize and request the release of any legal and all information you have concerning me to include transcripts of any academic records and credit reports, to a representative of the City of Franklin Fire & Rescue Department upon presentation of this release or a copy thereof.

I agree that any person(s) who may furnish such information concerning me shall not be held accountable for providing this information, and I do hereby release said person(s) from any and all liability which may otherwise be incurred as a result of furnishing such information.

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Selective Service No: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Armed Forces Membership: \_\_\_\_\_

Veteran's Administration File No: \_\_\_\_\_

Given under my hand this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
ACKNOWLEDGEMENT BY NOTARY PUBLIC

State of \_\_\_\_\_

County/City of \_\_\_\_\_, to wit:

On this day, \_\_\_\_\_, appeared before me and acknowledged his or her signature to the above authorized and release.

SIGNATURE OF NOTARY PUBLIC \_\_\_\_\_

MY COMMISSION EXPIRES: \_\_\_\_\_



**BACKGROUND INVESTIGATION FORM**

This application must be typewritten or clearly printed in black ink. All questions must be fully answered if applicable. If not applicable, indicate N/A. Applications which are incomplete and/or illegible will not be considered. If space provided is not sufficient for complete answers or you wish to furnish additional information, use page twelve (12) of this application and refer to the question begin answered.

Position Desired \_\_\_\_\_ Date \_\_\_\_\_

**Personal Information**

Name \_\_\_\_\_ Phone: \_\_\_\_\_

Other names used (nicknames, aliases, maiden name, former name changed legally or otherwise)  
\_\_\_\_\_

Present address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Race \_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair \_\_\_\_\_ Eye Color \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

List all previous driver's licenses held (# and state) \_\_\_\_\_  
\_\_\_\_\_

Selective Service Number: \_\_\_\_\_ Draft Status \_\_\_\_\_

**MILITARY SERVICE**

Have you ever been a member of the Armed Forces, U.S., or Foreign? \_\_\_\_\_

Branch of Service: \_\_\_\_\_ Service No: \_\_\_\_\_

Date of Entry: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_ Place of Discharge: \_\_\_\_\_

Rank upon Entry: \_\_\_\_\_ Rank upon Discharge: \_\_\_\_\_

Reserve Obligation: Active: \_\_\_\_\_ Inactive: \_\_\_\_\_ Until: \_\_\_\_\_

Military Citations and Awards Received: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any Disciplinary Actions or Military Court Actions Received:

<u>Date</u>	<u>Command</u>	<u>Location</u>	<u>Nature of Charge</u>	<u>Disposition</u>
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**FAMILY DATA**

Present Marital Status: Single \_\_\_ Married \_\_\_ Widowed \_\_\_ Separated \_\_\_ Divorced \_\_\_

If Married, Widowed or Divorced- List present and former spouse information:

Name: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Place of Marriage: \_\_\_\_\_

Spouse's Place of Employment: \_\_\_\_\_

Business Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Business Phone: \_\_\_\_\_

If divorced, give date, name, and location of court granting the decree:

Date: \_\_\_\_\_ Name of Court: \_\_\_\_\_

Location of Court: \_\_\_\_\_

List the names, ages, and relationship of all persons living with you:

<u>Name</u>	<u>Age</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**EMPLOYMENT**

**Start with your current employer and work back for the past ten (10) years, include periods of unemployment:**

From/To: \_\_\_\_\_ Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Position Held: \_\_\_\_\_ Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

From/To: \_\_\_\_\_ Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Position Held: \_\_\_\_\_ Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

From/To: \_\_\_\_\_ Name of Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Position Held: \_\_\_\_\_ Salary: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

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From/To: \_\_\_\_\_ Name of Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Position Held: \_\_\_\_\_ Salary: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

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From/To: \_\_\_\_\_ Name of Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Position Held: \_\_\_\_\_ Salary: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

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From/To: \_\_\_\_\_ Name of Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Position Held: \_\_\_\_\_ Salary: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

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From/To: \_\_\_\_\_ Name of Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Position Held: \_\_\_\_\_ Salary: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Have you ever received any disciplinary action against you on any job? \_\_\_\_\_

If yes, explain in detail: \_\_\_\_\_

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If additional space is needed, use page twelve (12).

### **LEGAL HISTORY**

Have you ever been arrested and charged with any criminal offense? \_\_\_\_\_

Have you ever been detained for questioning by any law enforcement agency in connection with a criminal act? \_\_\_\_\_

Have you ever been required to furnish bail or bond for an appearance in any court of law?

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Have you ever been convicted in any court of law of any criminal charge, felony, or misdemeanor?

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If yes, explain, in detail, include date, jurisdiction, and disposition: \_\_\_\_\_

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Have you ever tried, used, or experimented with any of the following illegal drugs or substances:

Marijuana \_\_\_\_\_ Heroin \_\_\_\_\_ Speed \_\_\_\_\_

LSD \_\_\_\_\_ Cocaine/Crack \_\_\_\_\_ Hashish \_\_\_\_\_

Other: \_\_\_\_\_

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**Note:** The past use of an illegal drug or substance will not necessarily disqualify an applicant from consideration. Willful concealment of drug use will be grounds for rejection of your application or for dismissal from the City of Franklin Fire & Rescue Department if you have been employed.

### MISCELLANEOUS INFORMATION

Have you previously served as a Firefighter? \_\_\_\_\_

If yes, indicate in what capacity you served, where and when, and why you left: \_\_\_\_\_

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Have you ever applied for employment with and Fire, Rescue, or Law Enforcement agency/department?

\_\_\_\_\_

If yes, give date, agency, location, and status of the application:

Date \_\_\_\_\_ Agency \_\_\_\_\_ Location \_\_\_\_\_ Status \_\_\_\_\_

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

### EDUCATION

List all high schools, colleges, universities, professional and trade schools attended. Give dates of attendance, names of institutions, location, and course of instruction. If you graduated, type of degree or diploma:

From/To \_\_\_\_\_ School \_\_\_\_\_

Location/address \_\_\_\_\_

Course Pursued \_\_\_\_\_ Degree or Diploma \_\_\_\_\_

From/To \_\_\_\_\_ School \_\_\_\_\_

Location/address \_\_\_\_\_

Course Pursued \_\_\_\_\_ Degree or Diploma \_\_\_\_\_

From/To \_\_\_\_\_ School \_\_\_\_\_

Location/address \_\_\_\_\_

Course Pursued \_\_\_\_\_ Degree or Diploma \_\_\_\_\_

From/To \_\_\_\_\_ School \_\_\_\_\_

Location/address \_\_\_\_\_

Course Pursued \_\_\_\_\_ Degree or Diploma \_\_\_\_\_

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From/To \_\_\_\_\_ School \_\_\_\_\_

Location/address \_\_\_\_\_

Course Pursued \_\_\_\_\_ Degree or Diploma \_\_\_\_\_

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From/To \_\_\_\_\_ School \_\_\_\_\_

Location/address \_\_\_\_\_

Course Pursued \_\_\_\_\_ Degree or Diploma \_\_\_\_\_

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From/To \_\_\_\_\_ School \_\_\_\_\_

Location/address \_\_\_\_\_

Course Pursued \_\_\_\_\_ Degree or Diploma \_\_\_\_\_

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From/To \_\_\_\_\_ School \_\_\_\_\_

Location/address \_\_\_\_\_

Course Pursued \_\_\_\_\_ Degree or Diploma \_\_\_\_\_

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Do you have any special training or hold any license or permit? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REFERENCES**

List the name, address and phone number of three (3) personal references not related to you and who you have known and know you for at least four (4) years:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Cell Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

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Name: \_\_\_\_\_ Age: \_\_\_\_\_ Cell Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

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Name: \_\_\_\_\_ Age: \_\_\_\_\_ Cell Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

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Name: \_\_\_\_\_ Age: \_\_\_\_\_ Cell Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_





**BEFORE SIGNING THIS FORM, BE SURE THAT ALL THE INFORMATION YOU DISCLOSE TO THIS DEPARTMENT REPRESENTS THE ENTIRE TRUTH AS RELATES TO THE QUESTION ASKED. ANY MISREPRESENTATION GIVEN BY THE APPLICANT WILL BE GROUNDS FOR IMMEDIATE TERMINATION OF EMPLOYMENT, OR DISQUALIFICATION OF THE APPLICANT FOR EMPLOYMENT.**

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

I, the above signed, certify that the information given is true and accurate to the best of my knowledge.

Witnessed By \_\_\_\_\_ Date \_\_\_\_\_