



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: _____

Skills and Qualifications

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

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

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: _____

References

Provide names and addresses of three (3) references, either business or personal, not related to you:

(1) Name _____

Address _____

City _____ State _____ Zip _____

Contact Phone Numbers: _____

(2) Name _____

Address _____

City _____ State _____ Zip _____

Contact Phone Numbers: _____

(3) Name _____

Address _____

City _____ State _____ Zip _____

Contact Phone Numbers: _____

Additional Information



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 inquiries 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:

Date	Command	Location	Nature of Charge	Disposition
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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: _____

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: _____

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: _____

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?

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

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

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

Marijuana _____ Heroin _____ Speed _____

LSD _____ Cocaine/Crack _____ Hashish _____

Other: _____

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: _____

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:

<u>Date</u>	<u>Agency</u>	<u>Location</u>	<u>Status</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 _____

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 _____

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: _____

Name: _____ Age: _____ Cell Phone No: _____

Address: _____

Occupation: _____

Name: _____ Age: _____ Cell Phone No: _____

Address: _____

Occupation: _____

Name: _____ Age: _____ Cell Phone No: _____

Address: _____

Occupation: _____

List any clubs, social or fraternal organizations, professional or trade unions, or associations to which you are currently a member of or have been in the past:

ADDITIONAL INFORMATION SHEET IF NEEDED

Please not the question you are adding additional information for:

[illegible]

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 _____