



Paid on Call Firefighter

Date of Application: / /
Month Day Year

Date of Birth: / /
Month Day Year

Last Name:

First Name & Middle Initial:

Address:

Email Address:

City:

State: **Zip:**

Home Phone:

Cell Phone:

Is this your first time applying? Yes No

Are you currently employed? Yes No

If yes, where?

May we contact your employer? Yes No

Employer Phone #:

Will your employer allow you to leave your job to respond to fire or EMS calls? Yes No

Do you own a vehicle? Yes No

Driver's License #:

Are you a certified firefighter? Yes No

If yes, what level?

Are you a licensed EMT? Yes No

If yes, what level?

List other Certifications and/or Licenses (include dates, if applicable):

I hereby authorize and give my consent to the LaSalle Police Department to check my criminal and/or traffic convictions, if any. I hereby waive release and surrender any and all rights to claims which I may have against the City or any of its officers or employees as a result of the release of such records.

Signature: _____ **Date:** _____



Previous Employment History

Start with your current or most recent job, including military service assignments and volunteer activities. Applicants should list supervisors' names and a number where they can be reached.

Employer #1: **Job Title:**

From: / / **To:** / /
Month Day Year Month Day Year

Supervisor: **Phone Number:**

Reason for Leaving:

Employer #2: **Job Title:**

From: / / **To:** / /
Month Day Year Month Day Year

Supervisor: **Phone Number:**

Reason for Leaving:

Employer #3: **Job Title:**

From: / / **To:** / /
Month Day Year Month Day Year

Supervisor: **Phone Number:**

Reason for Leaving:

Military Service? Yes No **Branch:**

From: / / **To:** / /
Month Day Year Month Day Year



Education

High School:

Did you graduate?

 Yes No

If yes, what year:

List below any college or technical courses, degrees, or certificates you may have taken/obtained:

School #1:

From:

Month / Day / Year

To:

Month / Day / Year

Major or Course Title(s):

Degree or Certificate:

School #2:

From:

Month / Day / Year

To:

Month / Day / Year

Major or Course Title(s):

Degree or Certificate:

List other schools, training, apprenticeships, skills, or extracurricular activities:

List any honors you have received:

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the LaSalle Fire Department.

Signature: _____

Date: _____