



Part-time Firefighter/EMT-B

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

