



Volunteer Application

Position applying for: (Circle One) **Firefighter / Staff** Date Available: ____/____/____

Name: _____
Last First Middle

Address: _____
Street City State Zip

Home Phone: (____) ____-____ Other: (____) ____-____

Social Security No: ____-____-____ Date of Birth: ____/____/____

Have you ever been convicted of a felony: No ___ Yes ___ If Yes, explain:

Driver License #: _____ State: _____ Expiration Date: _____

List any moving violations and dates: _____

Referred to PVES by: _____

Education History

High School: _____ Year of GED/ Diploma: _____

College: _____ Subject studied: _____ Graduate? _____

General Information

List any special study / research work or special training: _____

US Military Service: _____ Rank: _____ Years of Service: _____ to _____

List last four employers, stating the last one first

From: _____ Name: _____ Phone#: _____ Position: _____ Salary: _____
To: _____ Address: _____ Reason for Leaving: _____

From: _____ Name: _____ Phone#: _____ Position: _____ Salary: _____
To: _____ Address: _____ Reason for Leaving: _____

From: _____ Name: _____ Phone#: _____ Position: _____ Salary: _____
To: _____ Address: _____ Reason for Leaving: _____

From: _____ Name: _____ Phone#: _____ Position: _____ Salary: _____
To: _____ Address: _____ Reason for Leaving: _____

List any present or past Firefighting/ EMS experience

From: _____ Department: _____ Phone#: _____ Position: _____
To: _____ Supervisor: _____ Reason for Leaving: _____

From: _____ Department: _____ Phone#: _____ Position: _____
To: _____ Supervisor: _____ Reason for Leaving: _____

From: _____ Department: _____ Phone#: _____ Position: _____
To: _____ Supervisor: _____ Reason for Leaving: _____

Personal References

Name: _____ Phone#: (_____) _____ - _____ Years known you: _____

Name: _____ Phone#: (_____) _____ - _____ Years known you: _____

Name: _____ Phone#: (_____) _____ - _____ Years known you: _____

I certify that all the facts in this application are true and correct to the best of my knowledge and understand that, if employed, falsified statements on this application shall be ground for termination. I give PVES authorization to investigate any and all claims made in this application and hold any member of management, ownership, or employee harmless of any action taken by the results of information obtained from this application. I also understand that PVES is an at will company and in no way is this a contract or agreement of employment, and myself or PVES may terminate any employment at any time with or without notice. This waiver does not permit the release or use of disability-related or medical information in this matter prohibited by the Americans with Disability Act (ADA) or other relevant federal or state law. I acknowledge that consideration for employment is contingent on the results of a reference check, criminal record check, background check, negative drug screen result, my ability to establish employment eligibility under the Immigration Reform and Control Act of 1986 and upon verification of the information provided by me in my application, my resume or in other parts of the application process.

Signed: _____ Date: _____

Do Not Write Below This Point

Interviewed by: _____ Date: _____

Appearance: _____ Character: _____ Personality: _____

Remarks: _____

Hired: _____ Position: _____ Will Report: ____ / ____ / ____