



# Volunteer Application

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

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip

Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Email: \_\_\_\_\_

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:  Website  Signboard  Radio  Individual  Other \_\_\_\_\_

### Education History

High School: \_\_\_\_\_ Year of GED/ Diploma: \_\_\_\_\_  
City/ State

College: \_\_\_\_\_ Subject studied: \_\_\_\_\_ Graduate? \_\_\_  
City/ State

### 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: \_\_\_\_\_  
To: \_\_\_\_\_ City/State: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

From: \_\_\_\_\_ Name: \_\_\_\_\_ Phone#: \_\_\_\_\_ Position: \_\_\_\_\_  
To: \_\_\_\_\_ City/State: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

From: \_\_\_\_\_ Name: \_\_\_\_\_ Phone#: \_\_\_\_\_ Position: \_\_\_\_\_  
To: \_\_\_\_\_ City/State: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

From: \_\_\_\_\_ Name: \_\_\_\_\_ Phone#: \_\_\_\_\_ Position: \_\_\_\_\_  
To: \_\_\_\_\_ City/State: \_\_\_\_\_ 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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_