

Station 1
793-6223

LaVergne Fire Dept.

Station 2
793-9115



Chief James Gafford

Starting Salary: _____ Ending Salary: _____

Immediate supervisor and title: _____

Reason for Leaving: _____

2. Employer: _____

Address: _____

Telephone#: _____ Job Title: _____

Employment dates: From: ____/____/____ To: ____/____/____

Starting Salary: _____ Ending Salary: _____

Immediate supervisor and title: _____

Reason for Leaving: _____

3. Employer: _____

Address: _____

Telephone#: _____ Job Title: _____

Employment dates: From: ____/____/____ To: ____/____/____

Starting Salary: _____ Ending Salary: _____

Immediate supervisor and title: _____

Reason for Leaving: _____

Would you respond to the Fire Dept. even if you were off duty? Yes _____ No _____

Would you participate in Fire Dept. training activities while being off duty? Yes _____ No _____

Would you work overtime? Yes _____ No _____

Would you relocate to this area? Yes _____ No _____

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EDUCATION BACKGROUND

List Schools Attended

Diploma

Major

High School

College

Other

REFERENCES

List name and telephone number of (3) personal or business references who are not related to you.

1. _____ Phone#: _____

2. _____ Phone#: _____

3. _____ Phone#: _____

Do you have any physical disabilities that would prevent or hinder you from working in the Fire Service?
If yes please explain: _____

Do you have any mental disabilities that would prevent or hinder you from working in the Fire Service?
If yes please explain: _____

What do you think are the most important factors in working in the Fire Service?

Have you ever been involved with the Fire Service before? If yes please indicate _____

Are you currently involved with an emergency service? If yes please indicate _____

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What is your current marital status? _____

How far do you live from the Fire Dept.? _____

Do you live in La Vergne? Yes _____ No _____

Do you have reliable transportation? Yes _____ No _____

Are you available to work 24 to 48 hour shifts? Yes _____ No _____

DRUG AND ALCOHOL ABUSE POLICY

The possession, consumption or being under the influence of intoxicating beverages or illegal drugs on Company premises (including all Company owned or controlled vehicles and property) or in conducting Company business are grounds for immediate discharge. This includes reporting to work under the influence of intoxicating beverages or illegal drugs.

I have read and understand this policy _____

I hereby verify that the information provided is true, complete and accurate. I agree that the La Vergne Fire Dept. Inc. may investigate all of the statements made on this application form and that any misrepresentations or omissions of information is cause for dismissal. I understand that the La Vergne Fire Dept. Inc. may review my references and criminal records as part of the employment process. If hired, I agree to abide by company policies, rules and regulations. I understand that employment is at will. Employment is not for a fixed time and may be discontinued, with or without notice or cause, by myself or the company. I understand that no employee, or other agent of the company may be obligated to anything contrary to the above.

Applicant's Signature: _____

Date: ____ / ____ / ____

PLEASE ATTACH ANY ADDITIONAL INFORMATION YOU WISH TO PRESENT.

APPLICANT'S COMMENTS: _____

