



City of Munford Fire Department Application

Personal Information				
First Name	Middle Name	Last Name	Nickname	
Home Address		City	State	Zip
Mailing Address		City	State	Zip
Home Phone	Cell Phone	Cell Provider (AT&T, etc.)	Work Phone	
Email			I am over 18 years old <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you over the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No	Position applying for <input type="checkbox"/> Full-Time <input type="checkbox"/> Reserve <input type="checkbox"/> Auxiliary			

Education		
Indicate highest grade completed: <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> GED		
High School Name	Graduation Date	City, State
College Name	Graduation Date	City State
College Name	Graduation Date	City State

Employment History			
Presently Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Current Employer Name		Length of Employment	
Address	City	State	Zip
Start Date	End Date	Job Title	
Brief Description of Duties			
Supervisor Name		Phone	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving			

Previous Employer Name		Length of Employment		
Address		City	State	Zip
Start Date	End Date	Job Title		
Brief Description of Duties				
Supervisor Name		Phone	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for Leaving				
Previous Employer Name		Length of Employment		
Address		City	State	Zip
Start Date	End Date	Job Title		
Brief Description of Duties				
Supervisor Name		Phone	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for Leaving				

Previous Fire/Rescue Experience				
Have you been a member of a fire department, rescue squad, or similar organization? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Organization Name		Name of Chief		
Address		City	State	Zip
Start Date	End Date	Job Title		
Brief Description of Duties				
Supervisor Name		Phone	May we contact?	
Reason for Leaving				

Have you ever been dismissed, terminated, forced to resign, or placed on probation from any position of any employment or volunteer organization? Yes No

If yes, provide details

Military History

Active Reserve Retired Other: _____

Branch of Service	Rank	Start Date	End Date
Type of Discharge	Specialty		

Brief description of duties:

Applicant Statement

Please **read** the following statement before signing your application

I hereby certify that all statements made on this application are true and complete to the best of my knowledge and belief. I understand and agree that any misrepresentation or omissions of material facts herein may cause an offer of employment (full-time, part-time, or volunteer) made by the City of Munford to be withdrawn or my employment with the City of Munford terminated. I further understand that all information provided herein is public record and is subject to review upon request.

I authorize the City of Munford to conduct a background check and review of my employment history consisting of the following: credit, criminal, driver's license and any other job-related certifications. I understand that if an offer of employment is made to me, I may be required to submit to a physical agility test. Accordingly, I authorize those parties having knowledge of my past (including financial and credit records) to cooperate in this procedure by releasing information as requested. I respectfully request that former employers furnish the necessary information concerning my employment with their organization and I hereby release them from any and all liability for damages for providing information requested.

I acknowledge and accept under Tennessee Law any information, with the exception of medical, will become public record upon receipt by the City of Munford. I hereby waive any rights or claims I may have, whether presently fully developed or not, against the City of Munford or its agents or employees, arising out of or resulting from the release, authorized or unauthorized, of the information received pursuant to or in connection with the City of Munford's handling, processing, investigation, etc. of my application for employment with the City of Munford. I understand that this investigation will be conducted prior to my being given a job offer or within 90 days of employment.

If I am hired, I agree to conform to the rules and regulations of the City of Munford set forth in the City of Munford's personnel policies & procedures and acknowledge that these rules and regulations may be changed by the City of Munford at any time, at the City of Munford's sole option and without any prior notice to me. I acknowledge that if I am employed, my employment will be at will and may be terminated with or without cause at any time by me or by the City of Munford. I agree to conform to the City of Munford's drug-free/smoke free workplace and agree to submit to drug test as required by the City of Munford.

Applicant Signature

Date Signed

Applications must be signed and dated. Unsigned applications will be rejected.