



## Avilla Volunteer Fire Department Application for Employment

PREVIOUS EMPLOYMENT	
<i>Beginning with your present or most recent</i>	
Company	Phone
Address	Supervisor
Job Title	From <span style="float: right;">To</span>
Responsibilities	May we contact your supervisor for a reference YES <input type="checkbox"/> NO <input type="checkbox"/>
Reason for Leaving	
Company	Phone
Address	Supervisor
Job Title	From <span style="float: right;">To</span>
Responsibilities	May we contact your supervisor for a reference YES <input type="checkbox"/> NO <input type="checkbox"/>
Reason for Leaving	
Company	Phone
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Reason for Leaving	
Company	Phone
Address	Supervisor
Job Title	From <span style="float: right;">To</span>
Responsibilities	May we contact your supervisor for a reference YES <input type="checkbox"/> NO <input type="checkbox"/>
Reason for Leaving	

<p>I certify that my answers are true and complete to the best of knowledge.</p> <p>If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.</p> <p><b><i>All interviews are done on the third Monday of each month, if this not doable please inform us at time of dropping off application so arrangements can be made</i></b></p>		
<table style="width: 100%;"> <tr> <td style="width: 60%;">Signature</td> <td style="width: 40%;">Date:</td> </tr> </table>	Signature	Date:
Signature	Date:	

**Avilla Volunteer Fire Department  
Application for Employment**

**AUTHORIZATION TO RELEASE INFORMATION**

I, \_\_\_\_\_, do hereby authorize any Person,

Print your name

Agency, Partnership, or Corporation, having any information concerning my

Educational , Military, Criminal or Selective Service records, to release such

information to the Avilla Fire Department. This information is to be used for a

Fire Fighter position with Avilla Fire Department.

I hereby release such Person, Agency, Partnership or Corporation from any Liability

Which may be incurred in releasing this information to the Avilla Fire Department.

Including Liability Under Any Federal Law.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Witness Signature)

\_\_\_\_\_  
(Witness Printed Name)