



Stony Hill Fire Rural Fire Department Volunteer Application



Stony Hill would like to take a moment to welcome and thank you for taking the time to apply. Your application will be put on file and considered with others for the position of Volunteer Firefighter. We will consider new applications on the first Monday of every calendar quarter. Stony Hill is committed to an equal opportunity policy.

Please furnish us with complete information. An incomplete application may reduce your opportunity to volunteer with Stony Hill Fire Department. You are encouraged to attach any additional information that you feels qualifies you for the position. Materials submitted in support of an application will not be returned. Please insure that you do not submit original documents.

Personal Information

Please Print in Ink

Last Name: _____ First Name: _____ Middle: _____
Address: _____ City: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Pager #: _____
Cell Phone#: _____ Nextel ID #: _____ D.O.B _____
Social Security #: _____ - _____ - _____ Drivers Lic. #: _____ DL Classification: _____

Notify in Case of Emergency:

Contact Name: _____ Relationship: _____
Emergency Phone #'s: **Day:** _____ **Night:** _____
Work: _____ **Cell:** _____
Contact's Address: _____ City: _____ State: _____ Zip: _____

Have you ever been convicted of a crime? Yes No

If yes please explain: _____

Feel Free to attach supplemental information sheets for anything that requires further explanation. Reference the question on the supplemental sheet

Employment

Date available: _____ Are You Currently Employed? _____

Current Employer: _____ Length of Service _____

Work Hours: _____

May We Contact Your Current Employer: _____

Have you ever applied to Stony Hill previously _____ if yes, date(s) _____

Employment History

Employer's Name _____	LENGTH OF EMPLOYMENT From _____ To: _____ Total: _____ Hrs per Week: _____ Reason for Leaving?
Address _____	
Phone Number _____ Job Title _____	
Supervisor _____ Supervisor Title _____	
Principle Responsibilities (be complete)	

Employer's Name _____	LENGTH OF EMPLOYMENT From _____ To: _____ Total: _____ Hrs per Week: _____ Reason for Leaving?
Address _____	
Phone Number _____ Job Title _____	
Supervisor _____ Supervisor Title _____	
Principle Responsibilities (be complete)	

Employer's Name _____	LENGTH OF EMPLOYMENT From _____ To: _____ Total: _____ Hrs per Week: _____ Reason for Leaving?
Address _____	
Phone Number _____ Job Title _____	
Supervisor _____ Supervisor Title _____	
Principle Responsibilities (be complete)	

Employer's Name _____	LENGTH OF EMPLOYMENT From _____ To: _____ Total: _____ Hrs per Week: _____ Reason for Leaving?
Address _____	
Phone Number _____ Job Title _____	
Supervisor _____ Supervisor Title _____	
Principle Responsibilities (be complete)	

EDUCATIONAL INFORMATION

Circle the appropriate answer:

Did you Graduate from High School? Yes No GED? (Y/N) _____
 if Yes, Name of School and Graduation Date _____

Did you attend a College or University? Yes No
 if Yes, highest level completed: 13 14 15 16 Masters PhD

School College, University, Technical, Vocational	Course of Study	Dates Attended	Did you Graduate	Degree Received
Name:				
Location:				
Name:				
Location:				
Name:				
Location:				

FireFighting Experience:

Departments	Dates of Service	Leave in good Standing Y/N *	Phone Number
Name:			
Location:			
Name:			
Location:			
Name:			
Location:			

*If No please explain: _____

List any other relevant courses that you have take or Certifications that you have received: _____

List any other relevant experience (Police, EMS, Military Service, First Aid, Special Operations) _____

Any other Comments: _____

References (Note - Do not list relatives as references)

Name	Address (Street, City, State, Zip)	Night Phone #
1		
2		
3		

"This information is submitted as true to the best of my knowledge. I realize that falsification of any part of this application will serve as grounds for immediate rejection of this employment application or probable immediate dismissal from employment if already employed."

Applicant's Signature: _____ Date: _____

Note: *Attach any accompanying documentation and certification(s) copies (as directed by advertisement) to this application before submission.*