## LIVERPOOL FIRE DEPARTMENT, INC.



1110 Oswego Street \* Liverpool, NY 13088 \* (315) 457-6347 \* Fax (315) 457-8051

	Date:	
Name:		
(Last, First, MI)		
Address:		
(Full Address)		
Telephone Number: ()	Cell	Home
Email:		
Date of Birth: / /	Are you 21 years of age or older?	Yes No
Do you have a valid NYS drivers license?	Yes No Drivers license #	
Are you a NYS EMT-B or higher? Yes	No	
Do you have a High School Diploma or GED	? Yes No	
Have you ever been convicted of a felony, m of one of these offenses? Yes No	isdemeanor, insurance fraud, arsor	n, or a reduction
If yes explain:		
Education:		
High School:	Years attended: Gra	aduate?
Trade School:	Years attended:Gra	aduated?
College:	Years attended: Gra	aduated?
Special Skills(List any skills or experience the	at you feel would help you in the po	osition)



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References: (Please list three professional references not related to you)

Work History:  Job Title:  Start:  End:  Company Name:  Supervisor Name:  Duties:  Job Title:  Start:  End:  Company Name:  Supervisor Name:  Duties:  *Liverpool Fire Department is an equal opportunity employer. We are dedicated to a policy of nondiscrimination in employment. Employment is available without regard to race, color, religion, creed, gender, national origin, age, disability, in evereran status, sexual orientation or other legally protected status.  I certify that the facts set forth in this application for employment are true and compete to the first of my knowledge. I understand that if I am employed, false statements, omissions, or misrepresem may result in my dismissal. I authorize the Liverpool Fire Department to make an investigation of an he facts set forth in this application.  I acknowledge and understand that the Liverpool Fire Department is an "at will" employer. Therefore, any employee may resign at any time, just as the employer may terminate the employer relationship with any employee at any time, with or without cause, with or without notice to the other.	Name	Address	Address		е	Relationship
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