



# Williston Fire Department

7900 Williston Road, Williston VT 05495

[www.willistonfire.com](http://www.willistonfire.com)

(802)-878-5622

## Employment Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Phone: ( ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Position Applied for:  Career FF/EMT  Call FF  Call EMT

Are you currently certified as a Vermont FF I or equivalent? YES  NO  Are you currently certified as an EMT- B? YES  NO

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Have you ever worked for the Town of Williston? YES  NO  If so, when? \_\_\_\_\_

Have you ever been convicted of a felony? YES  NO

If yes, explain: \_\_\_\_\_

Have you been disciplined or discharged by a former employer for conduct involving any type of dishonesty, ethical misconduct or violent behavior in the last 15 years? If Yes, please attach an explanation YES  NO

Are you currently employed? YES  NO  By Whom? \_\_\_\_\_

May we contact your present employer? YES  NO

### Education

High School: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

College: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

## References

*Please list three professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

## Employment

Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your supervisor for a reference? YES  NO

### Military Service

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

### Disclaimer and Signature

*If I am hired by the Town of Williston Fire Department, I understand that the Town's Handbook/Personnel Policy and the Fire Department's Personnel Policies, as it may be changed in the future, shall be applicable to me and I will read and comply with its provisions during my employment.*

*I understand that if I accept employment with the Town of Williston, I may receive Town owned property to fulfill my employment obligations. At the time my employment with the Town ends, I shall immediately return to the Town all of its property. If I fail to do this, the Town may deduct the cost of Town owned property from my pay.*

*I understand that the position for which I am applying includes work with individuals or groups who are recognized as vulnerable, such as children, the elderly, or mentally disabled. Therefore, I must pass a background or record check prior to employment.*

*I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.*

*I certify that my answers on this form and on any attachments are true and complete to the best of my knowledge.*

*I authorize investigation of all statements contained in this application for employment and any attachments as may be necessary in arriving at an employment decision.*

*I am aware that if an investigation discloses misrepresentation or falsification, my application may be rejected, my name removed from the applicant list, and if already employed may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_