JOB APPLICATION

Dunn's Corners Fire District 1 Langworthy Rd, Westerly, Rhode Island 02891 401-322-0577

Dunn's Corners Fire District is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all of the sections below:

Applicant Information

Applicant Name:		
Address:		
City, State and Zip Code:		
Telephone Number: Email Address:		
Date of Application:		
Employment Position Position(s) applying for: Fire Marshal/Firefighter (full time) How did you hear about this position? On what date can you start working if you are hired? Galary desired:		
Personal Information		
Have you ever applied to or worked for Dunn's Corners Fire District before? fyes, when?	Yes	No
Are your 2 LLS citizen or approved to work in the United States?	— — Yes	No
Are you a U.S. citizen or approved to work in the United States? What document can you provide as proof of citizenship or legal status?	163	140

Will you consent to a mandatory controlled substance test?			
Doyouhaveanyconditionv	Yes No		
If yes, please describe accord	mmodations required belo	N.	
Job Skills/Qualifications Please share in one-two p	aragraph why we should	hire you for the pos	ition.
accommodation measure perform essential function subject to a medical exame Education and Training Hi	Fire District complies with t res that may be necessary ons. It is possible that a hire nination conducted by a me	v for eligible applica e may be tested on sk	nts/employees to kill/agility and may be
School Name	Location (City, State)	Year Graduated	Degree Earned
College/University			
Name	Location (City, State)	Year Graduated	Degree Earned
Vocational School/Specializ	zed Training		
Name	Location (City, State)	Year Graduated	Degree Earned
Military: Are you a member of the What branch of the milenlist? What was your military discharged?	litary did you		

What military skills do you possess	that would be an asset for this position?
What military skins do you possess	that would be an asset for this position:
<u> Previous Employment</u>	
Employer Name:	
Job Title:	
Supervisor Name:	
Employer Address:	
City, State and Zip Code:	
Employer Telephone:	
Dates Employed:	
Reason for leaving:	
Employer Name:	
Job Title:	
Supervisor Name:	
Employer Address:	
City, State and Zip Code:	
Employer Telephone:	
Dates Employed:	
Reason for leaving:	
Employer Name:	
Job Title:	
Supervisor Name:	
Employer Address:	
City, State and Zip Code:	
Employer Telephone:	
Dates Employed:	
Reason for leaving:	
References	
Please provide 3 personal and profess	sional reference(s) below:
Reference	Contact Information
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Additional Information:

Please provide address/s of residence for (Provide City, State & Zip code)	or the past 10 years:
How many years have you been in the Dis	trict and what positions have you held with dates?
What Fire equipment have you operated	d?
Applicant Signature:	Dated: