Oakham Fire Department

Employment Application

Applicant Information					
Full Name:	Name:			Date:	
	Last	First	t	M.I.	
Address:	Street Address			Apartment/Unit	#
				, , , , , , , , , , , , , , , , , , , 	
	City			State ZIP Code	
Phone:				Email	
Position Applied for:					
Are you currently over the age of 18? YES NO		YES Are you authorized to work in the U.S.? □	NO		
Are you currently certified as an EMT? YES NO			If yes, level?		
Do you have firefighting experience? YES NO □ □					
If yes, explain:					
Skills & Abilities					
Describe yours skills and abilities as they pertain to this position:					
Military Service					
Branch:				From: To:	
Rank at Discharge:			Type of Discharge:		
If other than honorable, explain:					
Disclaimer and Signature					
I certify that my answers are true and complete to the best of my knowledge					
I understand that there is a six month probationary period that will be followed by a review by my senior officers. Failure to make a satisfactory attempt to meet expectations of this position may result in loss of position.					
If this application leads to employment, I understand that false or misleading information in my application or interview may result in loss of position.					
Oakham Fire Department is an equal opportunity and affirmative action employer regardless of a person's race, color, religion, national origin, age, disability, military status, gender or sexual orientation.					
Signature:			Date:		