

# WATERTOWN FIRE DEPARTMENT APPLICATION

## 1. GENERAL INFORMATION

DATE \_\_\_\_\_

NAME \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(Number) (Street) (City) (State) (Zip)

TIME AT PRESENT ADDRESS \_\_\_\_\_

PREVIOUS ADDRESS \_\_\_\_\_ TIME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ TELEPHONE# \_\_\_\_\_ MARTIAL STATUS \_\_\_\_\_

DRIVERS LICENSE NUMBER \_\_\_\_\_ TYPE OF LICENSE \_\_\_\_\_

NAME & ADDRESS OF EMPLOYER \_\_\_\_\_

TIME AT PRESENT EMPLOYMENT \_\_\_\_\_

BUSINESS PHONE NUMBER \_\_\_\_\_ SHIFT WORKED \_\_\_\_\_

PREVIOUS EMPLOYER \_\_\_\_\_ TIME ON JOB \_\_\_\_\_

PREVIOUS EMPLOYER \_\_\_\_\_ TIME ON JOB \_\_\_\_\_

ARE YOU A CITIZEN OF THE UNITED STATES OR DO YOU HAVE A PERMANENT RESIDENCY CARD?  
YES \_\_\_\_\_ NO \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME? \_\_\_\_\_

IF YES, WHEN? \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

**II. RECORD OF EDUCATION (MUST HAVE HIGH SCHOOL DIPLOMA OR ITS EQUIVALENT)**

SCHOOL: NAME & ADDRESS	COURSE OF STUDY	YEARS ATTENDED	LAST YEAR ATTENDED	DID YOU GRAD?	LIST DIPLOMA DEGREE
HIGH SCHOOL _____	_____	_____	_____	_____	_____
COLLEGE _____	_____	_____	_____	_____	_____
OTHER _____	_____	_____	_____	_____	_____

**III. PERSONAL REFERENCES**

NAME	RELATIONSHIP	HOW LONG	PHONE
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

The facts set fourth in my application for employment are true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. I further give the Town of Watertown permission to check any of my references, school attendance, job experience, **criminal** and motor vehicle records. I further understand that I will have to successfully pass a physical and drug-screening test. I will also be required to present a form of identification when submitting my application. The Watertown Fire Department reserves the right to reject any and all applications..

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_ -