



EMPLOYMENT APPLICATION

Coats-Grove Fire and Rescue
Post Office Box 835
Coats, North Carolina 27521-0835
(910) 897-7575

Office Use Only

Date: _____
Received By: _____
Checked By: _____
Interviewed By: _____
Contacted By: _____
Dispositiori: _____

INSTRUCTIONS TO APPLCANT: Print clearly black or blue ink. Answer all questions to the best of your ability. This form must be completed in its entirety. Additionally, applicant must submit a certified copy of his/her driving record and criminal background check

• SECTION I:: GENERAL INFORMATION

Name: _____
(LAST) (FIRST) (MIDDLE) (Maiden)

Contact Address: _____
(STREET) (CITY) (STATE) (ZIP CODE)

Social Security Number: _____/_____/_____

Driver License Number: _____

Contact Phone Numbers: *Home:* _____ *Work:* _____
(AREA CODE + NUMBER) (AREA CODE + NUMBER)

Other Contact Information: _____

Specific Position(s) Applied For: _____

Do You Desire: Full Time Employment; Part Time Employment
(Check All That Apply)

Have you worked with Coats-Grove Fire Rescue before? _____

If "Yes", please indicate the date(s) of previous employment: _____

Please indicate the Days/Hours available: (Check all that apply)

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Hours Available To Work: From _____ to _____

What date are you available to begin work? _____

Marital Status: _____ Spouse's Name: _____

Dependents: _____

- **SECTION II: EDUCATION**

High School

Name and Address	Major Area of Study	Degree / Diploma

College

Name and Address	Major Area of Study	Degree / Diploma

Trade / Technical

Name and Address	Major Area of Study	Degree / Diploma

Other

Name and Address	Major Area of Study	Degree / Diploma

- **SECTION III: EMPLOYMENT HISTORY** (Start with your present or most recent position and continue with the next most recent.)

Job A:

Employer: _____

Address: _____

Supervisor: _____ *May we contact?* Yes No

Phone: _____ Email: _____

Position (Job) Title: _____

Responsibilities: _____

Beginning Salary: \$ _____ Ending Salary: \$ _____

Reason for leaving: _____

Job B:

Employer: _____

Address: _____

Supervisor: _____ *May we contact?* Yes No

Phone: _____ Email: _____

Position (Job) Title: _____

Responsibilities: _____

Beginning Salary: \$ _____ Ending Salary: \$ _____

Reason for leaving: _____

- **Section IV: CERTIFICATIONS**

I certify that the information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

Signature: _____ Date: _____