



Charlotte Fire & Rescue Services, Inc.

P.O. Box 85, Charlotte, VT 05445-0085
Business: (802) 425-3111 | Fax: (802) 425-3115 | admin@cvfrs.org

Employment and Volunteer Application

Applicant Information

Full Name: _____ DOB: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: () _____ Available Start Date: _____

E-Mail Address: _____ Social Security Number: XXX - XX - _____

POSITION(S) YOU ARE APPLYING FOR

(check all that apply): Full Time EMS Per Diem EMS Volunteer EMS / Firefighter Cadet Firefighter

Are you a citizen of the United States?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you hold a valid driver's license?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If no, are you authorized to work in the U.S.	<input type="checkbox"/> <input type="checkbox"/>	Are you available to fill 12-hour shifts?	<input type="checkbox"/> <input type="checkbox"/>
Are you currently employed?	<input type="checkbox"/> <input type="checkbox"/>	If yes, check all that apply:	<input type="checkbox"/> Days <input type="checkbox"/> Nights
If yes, may we contact your current employer?	<input type="checkbox"/> <input type="checkbox"/>	(07-19 and/or 19-07)	<input type="checkbox"/> Weekdays <input type="checkbox"/> Weekends

Certifications

Are you a certified Firefighter in the state of VT? YES NO
If yes, what is your highest certification? _____
Certification date: _____

Attach a copy of your highest Fire certification

Do you hold other relevant certifications? YES NO

If yes, please list and attach copies: _____

Are you currently enrolled in a Fire I or II class? YES NO

If yes, check type: Fire I Fire II Fire I/II

Expected class end date (mm/yy): _____

Are you Healthcare Provider CPR certified? YES NO

Expiration date (mm/yy): _____

Attach a copy of your most recent CPR certification

What is your highest EMS certification?

EMR EMT AEMT Paramedic None

Are you certified in the state of VT? YES NO

If yes, date you were initially certified: _____

Expiration date: _____

Are you NREMT certified? YES NO

If yes, date you were initially certified: _____

Expiration date: _____

Are you enrolled in an EMT class? YES NO

If yes, what level? _____

Expected class end date (mm/yy): _____

Attach a copy of all your EMS certifications

References

Full Name: _____ **Relationship:** _____

Company: _____ **Phone:** (____) _____

Address: _____

Professional Reference:

Personal Reference:

Full Name: _____ **Relationship:** _____

Company: _____ **Phone:** (____) _____

Address: _____

Professional Reference:

Personal Reference:

Full Name: _____ **Relationship:** _____

Company: _____ **Phone:** (____) _____

Address: _____

Professional Reference:

Personal Reference:

Education

High School: _____ **City:** _____ **State:** _____

From: _____ **To:** _____ **Did you graduate?** **YES** **NO** **Graduation Date (mm/yy):** _____

College: _____ **City:** _____ **State:** _____

From: _____ **To:** _____ **Did you graduate?** **YES** **NO** **Graduation Date (mm/yy):** _____

Degree in: _____

Other: _____ **City:** _____ **State:** _____

From: _____ **To:** _____ **Did you graduate?** **YES** **NO** **Graduation Date (mm/yy):** _____

Degree in: _____

Military Service (if applicable)

Branch: _____ **From:** _____ **To:** _____

Rank at Discharge: _____ **Type of Discharge:** _____

If other than honorable, explain: _____

Employment History

Company: _____ **Phone:** (____) _____
Address: _____ **Supervisor:** _____
Job Title: _____
Responsibilities: _____
From: _____ **To:** _____ **Reason for Leaving:** _____
May we contact your supervisor for a reference? **YES** **NO**

Company: _____ **Phone:** (____) _____
Address: _____ **Supervisor:** _____
Job Title: _____
Responsibilities: _____
From: _____ **To:** _____ **Reason for Leaving:** _____
May we contact your supervisor for a reference? **YES** **NO**

Company: _____ **Phone:** (____) _____
Address: _____ **Supervisor:** _____
Job Title: _____
Responsibilities: _____
From: _____ **To:** _____ **Reason for Leaving:** _____
May we contact your supervisor for a reference? **YES** **NO**

Company: _____ **Phone:** (____) _____
Address: _____ **Supervisor:** _____
Job Title: _____
Responsibilities: _____
From: _____ **To:** _____ **Reason for Leaving:** _____
May we contact your supervisor for a reference? **YES** **NO**

Previous Fire & EMS Experience

Department: _____ **City:** _____

Dates Served: From: _____ To: _____ Position: _____

Dept. Contact: _____ Rank: _____ Phone: (____) _____

Department: _____ **City:** _____

Dates Served: From: _____ To: _____ Position: _____

Dept. Contact: _____ Rank: _____ Phone: (____) _____

Department: _____ **City:** _____

Dates Served: From: _____ To: _____ Position: _____

Dept. Contact: _____ Rank: _____ Phone: (____) _____

Referral

Were you referred by a current member of CVFRS? **YES** **NO**

If yes, please list their name: _____

Do you know any current members of CVFRS? **YES** **NO**

If yes, please list their names: _____

Personal History

Due to the nature of our business and the populations we serve, CVFRS performs driver record and criminal history searches on all potential members. We will not automatically exclude applicants based upon adverse driving or criminal history without first reviewing the facts or circumstances surrounding the offense or conduct. Warning: Failure to accurately and fully answer any question may result in your elimination from consideration of, or termination from, employment.

Have you ever been convicted of a criminal offense (domestic assault, retail theft, etc.)? **YES** **NO**

If yes, please explain: _____

Have you been convicted of any traffic offense in the last 5 years (speeding, driving while suspended, etc.)? **YES** **NO**

If yes, please explain: _____

Have you ever been disciplined or discharged by a former employer (including volunteer positions) for any type of dishonesty, ethical misconduct, or violent behavior in the last fifteen (15) years? **YES** **NO**

If yes, please explain: _____

Have you ever been sanctioned, excluded, or otherwise prohibited from participating in any Fire or EMS position (including volunteer), or in any program that serves a vulnerable population (i.e. the elderly, disabled, or children)? **YES** **NO**

If yes, please explain: _____

Disclaimer, Information Release and Signature

To the best of my knowledge, the information contained on this application is true. I understand that the information contained in this application will be kept confidential. I also understand that nothing contained in this application or in the granting of an interview is intended to create a contract between Charlotte Volunteer Fire and Rescue Services Inc. (CVFRS) and me for membership, employment, or the provision of benefits. I further understand that if I am voted in as a member of CVFRS, I will have the right to terminate my membership at any time without cause and CVFRS will have a similar right.

I hereby authorize representatives of CVFRS bearing this release or a copy thereof, within five (5) years of its date to obtain any and all information relating to my past history and activities. I understand that this may include, but not be limited to; personal history, residency, military service, job performance and attendance, disciplinary actions, conviction records, and driving records.

I further understand that my academic background will be subject to investigation including: academic qualification, graduation, certification and licensing. It is my understanding that CVFRS may conduct an investigation of my work history and will verify all dates given in this application for membership. I release from liability any individual or organization giving or receiving any such information.

I understand that any material misrepresentation or deliberate omission of fact in this application may be justification for refusal of, or if a member, termination from membership. I also understand that may prevent my being accepted as a member of, or if a member, may result in my immediate dismissal from CVFRS.

Signature: _____ Date: _____