



Grand Island Fire Company, Inc.
 2275 Baseline Road
 Grand Island, NY 14072-1711
 Tel (716) 773-4334 Fax (716) 773-5156



Employment Application
 (Please Print All Information)

Date: ____/____/____

PERSONAL

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ - _____

Telephone: () _____ Alternate: () _____

Social Security Number: _____ - _____ - _____ E-Mail Address: _____@_____._____

How Did You Hear About Us? _____

Have you ever been employed by us before? Yes No

If Yes, Date: ____/____/____ thru ____/____/____

Are you currently employed? Yes No May we contact your present employer? Yes No

Are you 18 Years or older? Yes No

Are you prevented from lawfully becoming employed in this country due to
 Visa or Immigration status? Yes No

(Proof of citizenship or immigration status is required upon employment.)

You are available to work: Full Time Part Time Both Date you can begin work: ____/____/____

Have you been convicted of a crime (Other than a traffic violation) within
 the last seven (7) years? Yes No

(A conviction will not necessarily disqualify an applicant from employment)

If yes, please explain: _____

EDUCATION

College: _____

Address: _____

Credits Earned: _____ Major Diploma/Degree _____

College: _____

Address: _____

Credits Earned: _____ Major Diploma/Degree _____

College: _____

Address: _____

Credits Earned: _____ Major Diploma/Degree _____

High School: _____

Address: _____

Credits Earned: _____ Major Diploma/Degree _____

Technical/Other: _____

Address: _____

Credits Earned: _____ Major Diploma/Degree _____

List all present and past employment below, beginning with your most recent. All times must be accounted for whether employed or not. (Attach an additional sheet if necessary.)

Employer: _____

Address: _____

City: _____ State: _____ Zip: _____ - _____ Phone: () _____

Job Title: _____ From: ____/____ To: ____/____

Describe the work: _____

Start Salary (Weekly) \$ _____ End Salary (Weekly) \$ _____

Reason for Leaving: _____

Name & Phone Number of Your Supervisor: _____

Employer: _____

Address: _____

City: _____ State: _____ Zip: _____ - _____ Phone: () _____

Job Title: _____ From: ____/____ To: ____/____

Describe the work: _____

Start Salary (Weekly) \$ _____ End Salary (Weekly) \$ _____

Reason for Leaving: _____

Name & Phone Number of Your Supervisor: _____

Employer: _____

Address: _____

City: _____ State: _____ Zip: _____ - _____ Phone: () _____

Job Title: _____ From: ____/____ To: ____/____

Describe the work: _____

Start Salary (Weekly) \$ _____ End Salary (Weekly) \$ _____

Reason for Leaving: _____

Name & Phone Number of Your Supervisor: _____

Describe in detail any Specialized Training, Computer or Office Equipment Skills, Certifications, Licenses or On-The-Job Training programs you have completed:

LICENSES AND CERTIFICATIONS:

Please list any licenses or certifications held and the dates obtained:

PERSONAL REFERENCES:

Name: _____ Company: _____

Address: _____ Relationship: _____

City: _____ State: _____ Zip: _____ - _____ Tel: () _____

Name: _____ Company: _____

Address: _____ Relationship: _____

City: _____ State: _____ Zip: _____ - _____ Tel: () _____

Name: _____ Company: _____

Address: _____ Relationship: _____

City: _____ State: _____ Zip: _____ - _____ Tel: () _____

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability. Under Maryland law, an employer may not require or demand, as a condition of employment, prospective employment, or continued employment, that an individual submit to or take a lie detector or similar test. An employer who violates this law is guilty of a misdemeanor and subject to a fine not exceeding \$100.

Applicant's Signature: _____ Date: ____/____/____

APPLICANT'S STATEMENT AND CONDITIONS OF EMPLOYMENT

(Please read carefully before signing.)

I understand that an investigative consumer report involving information concerning my character, employment history, general reputation, police record, personal habits, mode of living, credit rating, and indebtedness may be obtained prior to any final offer of employment. Upon a timely written request to the personnel department of the company, the nature and scope of the report will be disclosed to me.

I certify that the answers given by me in this employment application are true, correct and complete. I agree that the company shall not be liable, in any respect, if my employment is terminated because of misstatements or pertinent omissions made by me in this application. Moreover, I understand that all offers of employment are contingent upon passing the company's prescribed physical examination and drug screening.

I agree, as a condition of my employment (should I be employed by the Company), to submit to a medical examination if requested and based on the position that I accept, I further agree to the search or examination of myself or personal property while on the company's premises or while conducting its business elsewhere. I also authorize any company, school, police or security personnel, or other person to give any information regarding my employment, habits, ability, or any other characteristics whatsoever; together with any information they have regarding me whether or not it is in their records. I hereby release all physicians, examiners, companies, schools, or other persons from liability for any damages whatsoever for such testing, examining, or issuing this information. It is agreed and understood that completion of this application does not mean a job opening exists and in no way obligates the company to employ me.

In the event of employment, I will comply with all company rules and regulations as established from time to time including the company's substance abuse policy. I am willing to work all assigned overtime or other special work assignments as requested by the company. Furthermore, since the company does not offer contracts of employment (unless signed by the President), I understand that nothing contained herein is intended to create a contract between the company and me for either employment or the provision of any compensation or benefits. I understand that I have the right to terminate my employment at any time and likewise, the company has the same right.

I hereby understand and acknowledge that any employment relationship with this Company is of an "At-Will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time, with or without notice, and with or without cause. It is further understood that this "At-Will" employment relationship may not be changed by any written document or by verbal agreement unless an authorized Executive of this Company specifically acknowledges such change in writing. I also understand that the Grand Island Fire Company, Inc. retains the right to amend, modify, add, or delete any or all policies or procedures at its sole and absolute discretion.

During my employment with the Grand Island Fire Company, Inc and after my employment ends, I agree not to disclose any confidential or proprietary information regarding operating and trade secrets. I further agree that with respect to any civil litigation involving the Grand Island Fire Company, Inc. in which I am a potential witness and which does not involve an actual or potential claim by me personally, I will not discuss the facts of the case with any third parties without first notifying the Grand Island Fire Company, Inc. or unless a representative or attorney of the Grand Island Fire Company, Inc., is present. A copy of this form may be used as the original. The use of results from this form and/or tests will be used for prudent employment decisions. This application is valid for sixty days from the application date unless renewed in person or in writing.

Applicant's Signature: _____ Date: _____/_____/_____