

FORMER EMPLOYERS	1. _____ (name of firm) _____ (job title) _____ _____ (city) _____ (state) _____ (phone) _____ Summary of duties _____ Employed from _____ to _____ (month, year) _____ (month, year) May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>												
	2. _____ (name of firm) _____ (job title) _____ _____ (city) _____ (state) _____ (phone) _____ Summary of duties _____ Employed from _____ to _____ (month, year) _____ (month, year) May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>												
ADDITIONAL INFORMATION	List other information including employment, volunteer and community work which might be helpful in determine your qualifications to be a fire fighter. _____ _____												
PERSONAL REFERENCES (not relatives)	<table border="0"> <thead> <tr> <th>Name</th> <th>Address</th> <th>Phone</th> </tr> </thead> <tbody> <tr> <td>1. _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>2. _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>3. _____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> <p>Would you object to a physical examination by a physician at our expense? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain: _____</p> <p>Have you any medical condition which may limit your ability to perform as a member of the fire department? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain: _____</p> <p>Are you legally able to be employed in the US? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Are you willing to allow a background check? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	Name	Address	Phone	1. _____	_____	_____	2. _____	_____	_____	3. _____	_____	_____
Name	Address	Phone											
1. _____	_____	_____											
2. _____	_____	_____											
3. _____	_____	_____											
<p><i>I certify that all statements made by me on this application are true and complete to the best of my knowledge and I have withheld nothing that, if disclosed, would affect this application unfavorably. I understand that if I become a member of the Waterford Fire Department, any false statement on this application shall be sufficient cause for dismissal.</i></p> <p>Signature: _____ Date: _____</p>													