



# LINCOLN FIRE DISTRICT

## FIREFIGHTER APPLICATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

### **Job Prerequisites:**

Are you at least 18 years of age? Yes \_\_\_\_ No \_\_\_\_

Are you a U.S. Citizen? Yes \_\_\_\_ No \_\_\_\_

Do you hold a valid driver's license in State of R.I.? Yes \_\_\_\_ No \_\_\_\_

Do you have a high school diploma or GED? Yes \_\_\_\_ No \_\_\_\_

Do you hold a current license as an Emergency Medical Technician for the State of RI or are you currently enrolled in a class? Yes \_\_\_\_ No \_\_\_\_

*PLEASE NOTE: If currently enrolled in an EMT class for the State of Rhode Island, you must pass class and obtain a state license.*

Do you hold certification as Firefighter I and Firefighter II or are you currently enrolled in Firefighter II class? Yes \_\_\_\_ No \_\_\_\_

Have you ever been **convicted** of a crime? Yes \_\_\_\_ No \_\_\_\_

*Please explain briefly below, including charges and any circumstances you feel are important for us to be aware of.* \_\_\_\_\_

\_\_\_\_\_

As part of the testing process you will undergo a thorough background investigation. Are there any circumstances involving the law that we should be aware of? Yes \_\_\_\_ No \_\_\_\_

*If yes, please explain:* \_\_\_\_\_

**Personal Information:**

*Please provide the following:*

What is your full name? (First, Middle Last) \_\_\_\_\_

Current Address (Number & Street): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

Email address: \_\_\_\_\_

Last 4 digits of Social Security #: \_\_\_\_\_

Are you now or have you ever been employed by a fire department?      **Yes** \_\_\_\_ **No** \_\_\_\_

Are you currently certified as a Firefighter?      **Yes** \_\_\_\_ **No** \_\_\_\_

Date of Certification: (if certified) \_\_\_\_\_

If you have worked for another fire department(s), please indicate which department (s).

\_\_\_\_\_  
Level of Certification: \_\_\_\_\_

Please provide additional certifications: \_\_\_\_\_

EMT License Number: \_\_\_\_\_ EMT License Expiration Date: \_\_\_\_\_

Drivers License State: \_\_\_\_\_ Drivers License #: \_\_\_\_\_

**Armed Forces Information:**

*If you have been in the armed forces, please complete the following. Leave blank if you have no Armed Forces experience.*

Branch of Service \_\_\_\_\_

Dates From: \_\_\_\_\_ To: \_\_\_\_\_

Type of Separation: \_\_\_\_\_

If available, please attach copy of your DD-214.

**Education:**

High School: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_

Date of Diploma: \_\_\_\_\_

Do you have any college credits? **Yes** \_\_\_\_ **No** \_\_\_\_ If yes, how many credits? \_\_\_\_\_

College: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_

Highest year completed: \_\_\_\_\_ Did you graduate? **Yes** \_\_\_\_ **No** \_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_ Highest Degree Earned: \_\_\_\_\_

*Are there any other experiences, skills, education or qualifications which will be of benefit in the job of Firefighter? If so, please explain.*

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**Work Experience:**

Give a complete record of your employment, beginning with your present or most recent job. Account for all periods, including self-employment, unemployment and any volunteer work.

**Employer 1**

Company Name: \_\_\_\_\_

Company Address (Number, Street, City/Town, State): \_\_\_\_\_

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Company Phone Number: \_\_\_\_\_

Job Title: \_\_\_\_\_ Dates From: \_\_\_\_\_ To \_\_\_\_\_

Supervisor and Title: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Duties: \_\_\_\_\_

**Employer 2**

Company Name: \_\_\_\_\_

Company Address (Number, Street, City/Town, State): \_\_\_\_\_

\_\_\_\_\_

Company Phone Number: \_\_\_\_\_

Job Title: \_\_\_\_\_ Dates From: \_\_\_\_\_ To \_\_\_\_\_

Supervisor and Title: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Duties: \_\_\_\_\_

**Employer 3**

Company Name: \_\_\_\_\_

Company Address (Number, Street, City/Town, State): \_\_\_\_\_

\_\_\_\_\_

Company Phone Number: \_\_\_\_\_

Job Title: \_\_\_\_\_ Dates From: \_\_\_\_\_ To \_\_\_\_\_

Supervisor and Title: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Duties: \_\_\_\_\_

**Employer 4**

Company Name: \_\_\_\_\_

Company Address (Number, Street, City/Town, State): \_\_\_\_\_

\_\_\_\_\_

Company Phone Number: \_\_\_\_\_

Job Title: \_\_\_\_\_ Dates From: \_\_\_\_\_ To \_\_\_\_\_

Supervisor and Title: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Duties: \_\_\_\_\_

Have you ever been fired or asked to resign from a job?      **Yes** \_\_\_\_ **No** \_\_\_\_

If yes, please explain: \_\_\_\_\_

**Voluntary Compliance Information:**

*As part of our compilation of data for equal employment opportunity requirements, the city/town must collect statistical information about the ethnic/sex/handicap composition of our applicant file. We would appreciate your help in providing the information requested. This information WILL NOT be used to make a decision on whether to hire you. Thank you for your cooperation.*

Your Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Ethnicity: \_\_\_\_\_

Do you require any special physical accommodations to compete on the required tests?

**Yes** \_\_\_\_ **No** \_\_\_\_ If yes, please explain: \_\_\_\_\_

By signing this application, you are stating that the information supplied is true and accurate to the best of your knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**DOCUMENTS TO BE ATTACHED TO APPLICATION:**

- **Copy of valid drivers license**
- **Copy of High school diploma/GED**
- **Copy of Birth certificate**
- **Copies of any certification that you may have - FFI, EMT etc**

**EQUAL OPPORTUNITY EMPLOYER**