



Victoria Fire & Rescue Inc.

Please return to:
Victoria Fire & Rescue Inc.
P.O. Box 1419
Victoria, Va. 23974

ATTN: Application

APPLICATION

Instructions: It is important that you fill out all sections of this application completely and to the best of your ability. Your application will be used as part of the certification process and therefore should represent your best effort. Incomplete applications will NOT be considered.

APPLICATION FOR EMPLOYMENT

Application Requirements

- Be at least 18 years of age
- Be of sound physical and mental condition and capable of performing assigned duties
- Be able to read, write, and speak the English language fluently
- NOT be addicted to drugs or intoxicating substances
- Never have been convicted of a felony involving any sexual or other serious crimes.
- Undergo a criminal background check which includes fingerprinting and personal descriptive information sent to the FBI.
- Minimum EMS certification as advertised, and released by the OMD to act as attendant in charge
- Minimum of Emergency Vehicle Operator's Course Class 2
- Valid Virginia Driver's license

Name: _____
(last) (first) (middle)

Address: _____

City/State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Other: _____

Email Address: _____

Social Security Number: _____ - _____ - _____

Driver's License #: _____

Date of Birth: _____
(month) (day) (year)

In Case of Emergency, Please Notify the Following

Name: _____ Relationship: _____

Address: _____

Phone #: (_____) - _____ (_____) - _____ (_____) - _____

Doctor's Name: _____ Telephone #: (_____) - _____

EDUCATION

Name of last high school attended: _____

Address: _____

Grade Completed: _____ Date Attended: _____

Name of College or University: _____

Address: _____

Number of credits / degree received: _____

Date attended: _____

Other relevant training that should be included in your emergency services file
(Attach copies of certificates if applicable)

Special skills, interests, or hobbies:

Foreign languages spoken or read:

EMPLOYMENT

Current Employer: _____

Address: _____

Telephone #: (_____) - _____

Dates Employed: From: _____ To: _____

Previous Employer: _____

Address: _____

Telephone #: (_____) - _____

Dates Employed: From: _____ To: _____

HAVE YOU EVER APPLIED TO OR BEEN A MEMBER OF A RESCUE SQUAD/FIRE DEPARTMENT? YES NO
PLEASE LIST THE FOLLOWING FOR EACH AGENCY TO WHICH YOU HAVE PREVIOUSLY BELONGED.

Agency: _____

Position: _____

Dates of experience: _____

Agency/department supervisor: _____

Special training of certifications received: _____

Agency: _____

Position: _____

Dates of experience: _____

Agency/department supervisor: _____

Special training or certifications received: _____

Restrictions that might/will affect your availability work (family, work schedules, medical restrictions, etc.):

Please provide the following information for five (5) references

Name: _____

Address: _____

City/State: _____ Zip Code: _____

Home Phone :_(_____)_____ Work Phone: _(_____)_____

Name: _____

Address: _____

City/State: _____ Zip Code: _____

Home Phone :_(_____)_____ Work Phone: _(_____)_____

Name: _____

Address: _____

City/State: _____ Zip Code: _____

Home Phone: _(_____) _____ Work Phone: _(_____) _____

Name: _____

Address: _____

City/State: _____ Zip Code: _____

Home Phone: _(_____) _____ Work Phone: _(_____) _____

Name: _____

Address: _____

City/State: _____ Zip Code: _____

Home Phone: _(_____) _____ Work Phone: _(_____) _____

Please attach copies of the following to this application:

1. EMS certifications (issued from state agency)
2. Department of Fire Programs certifications (issued from state agency)
3. DMV driving transcript
4. Documentation of vaccination status – Measles, Mumps, Rubella(MMR), Chickenpox, and pertussis (whooping cough).
5. Completed medical release

By signing this application for employment, I hereby agree that the information provided is complete and accurate. I further understand that by providing this information I agree that the agency may verify the information received in evaluation of my application.

Signature of Applicant

Date

Agency Representative

Date

TO BE COMPLETED BY AGENCY

Application received on ____/____/____

(DISPOSITION OF APPLICATION)

Applicant notified of disposition on ____/____/____