



# Application for Employment



**J.P.B. FIRE SERVICES, INC.**

**315-725-8907**

4675 BURR DRIVE  
LIVERPOOL, NY 13088  
Return to: Julie@JPBFire.com

John Breh, Owner, President - Services  
Juliane Breh, Owner, Vice President - Sales  
[www.JPBFire.com](http://www.JPBFire.com) @JPBFire on facebook

## Applicant's Information

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Nickname \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State \_\_\_\_\_

If possible, attach a copy of your driver's license, your abstract will be checked for acceptability.

**Social Security Number**

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Phone Number**

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Work     Cell     Other

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Email**

\_\_\_\_\_

**Alternate Phone Number**

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Work     Cell     Other

## Recruitment Information

**Position Applying For**

**Available to Work**     Full-time     Part-time     Per-Diem

**Can you work:**     Days     Evenings     Overnights up to 5 days on job at a time  
(check all that apply)     10-14-hour shifts     Overtime on days off

Other comments/limitations: \_\_\_\_\_

## Career Goals

List what you want to be doing & accomplish in: 1 year, 5 years, 10 years, may be personal goals &/or professional goals. (Continue on back as needed.)

## Work Schedule & Availability

**What days of the week & hours (beginning and end) are you available to work?** Shifts as early as 6:30am, or rarely, as late as midnight, shifts typically end around 6pm.

**Commuting to Work:** How long is your commute to JPB Fire? \_\_\_\_\_  
Reliable transportation to work is a requirement for employment. By what means do you plan to travel to and from JPB Fire on your workdays?

**How did you learn about this company and position?**

## Education

For each level of schooling below, please write the school name, the city and state where it is located, dates attended, your major & minor subjects, & the degree or diploma you received.

**High School** \_\_\_\_\_

**College 1** \_\_\_\_\_

**College 2** \_\_\_\_\_

**Graduate School** \_\_\_\_\_

**Business, Trade, or Other Schools** \_\_\_\_\_

**Fire Fighter Training Classes** \_\_\_\_\_

## Certifications

List all relevant certifications you have (attach copies):

## Employment History

Starting with your current or most recent employer, please provide the following information about the last three companies for which you have worked.

### Employer 1 (current or most recent)

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

Address \_\_\_\_\_

Dates Employed \_\_\_\_\_

Job Title(s) Held \_\_\_\_\_

Job Responsibilities \_\_\_\_\_

Why did you leave employment? \_\_\_\_\_

Name of Supervisor(s) \_\_\_\_\_ Ph: \_\_\_\_\_

Can we contact this person for a reference?  Yes  No, why: \_\_\_\_\_

### Employer 2

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

Address \_\_\_\_\_

Dates Employed \_\_\_\_\_

Job Title(s) Held \_\_\_\_\_

Job Responsibilities \_\_\_\_\_

Why did you leave employment? \_\_\_\_\_

Name of Supervisor(s) \_\_\_\_\_ Ph: \_\_\_\_\_

Can we contact this person for a reference?  Yes  No, why: \_\_\_\_\_

(Continue on back to list more previous employers)

## Fire Department History

Fire Dept. Name(s) \_\_\_\_\_

\_\_\_\_\_

Dates as Member \_\_\_\_\_

Title(s) Held \_\_\_\_\_

Responsibilities \_\_\_\_\_

\_\_\_\_\_

Current Member?  Yes  No Why did you leave? \_\_\_\_\_

\_\_\_\_\_

Name of Reference(s) \_\_\_\_\_ Ph: \_\_\_\_\_

Can we contact this person for a reference?  Yes  No, why: \_\_\_\_\_

## Applicant Consent

Please carefully read the statements below and **initial each one** to indicate that you understand and agree to the terms stated. Then sign this form at the bottom.

\_\_\_\_\_ I certify that all information I have supplied on this form is correct to the best of my knowledge. I understand that omissions or providing deliberate misinformation will disqualify my application and, if hired, would serve as grounds for dismissal.

\_\_\_\_\_ I give consent to **J.P.B. FIRE SERVICES, INC.** to contact the employers listed on this form for my employment references. I authorize these individuals to provide truthful information regarding my employment and previous work experience. In doing so, I waive liability against the employers and individuals contacted as my references, provided the information they supply is honest, factual and given without malice.

\_\_\_\_\_ I hereby authorize my NYS DMV License abstract to be obtained and reviewed by J.P.B. Fire Services, Inc. for evaluation of my employment potential. This may be shared with their insurance providers to determine insurability under current policy. I understand I may check my own abstract at [www.mydmv.com](http://www.mydmv.com) at any time for \$7.00.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

## Company Purposes Only

Interviewer's Signature \_\_\_\_\_ Date \_\_\_\_\_