

GILFORD FIRE-RESCUE



*39 Cherry Valley Road,
Gilford, New Hampshire 03249
Phone (603) 527-4758*



Gilford Fire-Rescue

Stephen M. Carrier, Chief Bradley Ober, Deputy Chief

Community, Safety, Professional Service

Position Applying for:

___ **Fulltime** ___ **Call Company** ___ **EMS** ___ **Fire Fighter** ___ **EMS/Fire Fighter**

PERSONAL HISTORY STATEMENT

Applicant Identification: Information provided in this section is used for identification purposes only.

Last Name: _____ First: _____ Middle: _____

Physical Address: _____

Mailing Address: _____

Telephone: ___ - ___ - ___ Cell Phone#: ___ - ___ - ___ **Email:** _____

Social Security Number ___ - ___ - ___

Are you under 18 years of age? Yes No

Are you a United States citizen or an alien who has the legal right to work in the position you are applying? Yes No

Have you ever been convicted of a felony Yes No

Do you have a valid NH Driver's License Yes No

Have you ever failed a DRUG / ALCOHOL test? Yes No

If Yes, please explain:

Work History:

Beginning with your present or most recent job, list all employment held for the past ten (10) years, including part-time, temporary or seasonal employment. Include all periods of unemployment. Attach extra pages if necessary. Please indicate if you are fearful that your present job would be in jeopardy if, inquiries are made.

Employer: _____

Address: _____
(Number/Street/City/State/Zip)

Telephone Number: _____ Job Title: _____

Supervisor: _____ Title: _____

Date Started: _____ Date Left: _____

Reason for Leaving: _____

Current Wage: _____

Employer: _____

Address: _____
(Number/Street/City/State/Zip)

Telephone Number: _____ Job Title: _____

Supervisor: _____ Title: _____

Date Started: _____ Date Left: _____

Reason for Leaving: _____

Employer: _____

Address: _____
(Number/Street/City/State/Zip)

Telephone Number: _____ Job Title: _____

Supervisor: _____ Title: _____

Date Started: _____ Date Left: _____

Reason for Leaving: _____

Employer: _____

Address: _____
(Number/Street/City/State/Zip)

Telephone Number: _____ Job Title: _____

Supervisor: _____ Title: _____

Date Started: _____ Date Left: _____

Reason for Leaving: _____

Military Record: Have you served in the U.S. Armed Forces? Yes No
Date of Service: From: _____ To: _____
Branch: _____ Unit Designation: _____
Military Service Number: _____
Highest Rank Held: _____
Type of Discharge: _____

Educational History:

High School: _____
Address: _____
(Number/Street/City/State/Zip)
Dates from: _____ to: _____ Graduated? Yes No

College/University: _____
Address: _____
(Number/Street/City/State/Zip)

Units completed: _____ Major/Minor: _____
Dates from: _____ to: _____ Degree Received? Yes No

College/University: _____
Address: _____
(Number/Street/City/State/Zip)

Units completed: _____ Major/Minor: _____
Dates from: _____ to: _____ Degree Received? Yes No

List other schools attended (trade, vocational, business, etc.)
Name: _____
Address: _____
(Number/Street/City/State/Zip)

Special Qualifications and Skills:

1. List any special licenses or certifications you hold
Licensing Authority: _____
Date of Issue: _____ Expiration Date: _____
Licensing Authority: _____
Date of Issue: _____ Expiration Date: _____

2. List any other special skills or qualifications you may possess.

Professional References: Please list three - Do not list relatives or former employers.

Name: _____ Telephone: _____

Address: _____
(Number/Street/City/State/Zip)

Business Name: _____ Telephone: _____

Address: _____

Years Known: _____

Name: _____ Telephone: _____

Address: _____
(Number/Street/City/State/Zip)

Business Name: _____ Telephone: _____

Address: _____

Years Known: _____

Name: _____ Telephone: _____

Address: _____
(Number/Street/City/State/Zip)

Business Name: _____ Telephone: _____

Address: _____

Years Known: _____

Personal References: Please list three - Do not list relatives or former employers.

Name: _____ Telephone: _____

Address: _____
(Number/Street/City/State/Zip)

Years Known: _____

Name: _____ Telephone: _____

Address: _____
(Number/Street/City/State/Zip)

Years Known: _____

Name: _____ Telephone: _____

Address: _____
(Number/Street/City/State/Zip)

Years Known: _____

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statement and answers to questions. I am fully aware that any such misrepresentations, omissions, or falsifications will be grounds for immediate rejection or termination of employment.

Signature of Applicant

Date