

## Application for Employment



---

# Granville Fire Department

---

1245 Main Street, Granville, WV 26534  
304-599-5080

---

## Fire Department Application

---



# Application for Employment

## Education

School Level	Name and Location	# Years Attended	Did you Graduate?	Subjects Studied
<b>High School</b>				
<b>College</b>				
<b>Trade/Business or Correspondence</b>				

## Work Experience (Past 10 years. More than two - please attach)

Name of Employer: \_\_\_\_\_

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

Street

City

State

Zip

Starting Date: \_\_\_\_\_ / \_\_\_\_\_ (mm/yyyy)    Leaving Date: \_\_\_\_\_ / \_\_\_\_\_ (mm/yyyy)

Weekly Starting Salary: \_\_\_\_\_    Weekly Final Salary: \_\_\_\_\_

Job Title: \_\_\_\_\_    May we contact your supervisor?     Yes     No

Name/Title of Supervisor: \_\_\_\_\_    Phone No.: \_\_\_\_\_

Description of Work: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

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

Street

City

State

Zip

# Application for Employment

Starting Date: \_\_\_\_\_ / \_\_\_\_\_ (mm/yyyy) Leaving Date: \_\_\_\_\_ / \_\_\_\_\_ (mm/yyyy)

Weekly Starting Salary: \_\_\_\_\_ Weekly Final Salary: \_\_\_\_\_

Job Title: \_\_\_\_\_ May we contact your supervisor?  Yes  No

Name/Title of Supervisor: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Description of Work: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

---

## References (Provide 2 each of Personal and Professional of persons not related to you.)

---

### Personal

Name	Address	Phone Number	Business	Years Known

### Professional

Name	Address	Phone Number	Business	Years Known

# Application for Employment

---

## Authorizations

---

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period, and may, regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice."

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

---

I do hereby authorize and give my permission to the Veterans Administration, all US Military Services, R.O.T.C. and Reserve doctors, insurance companies, state and federal income tax bureaus, past and present employers, any criminal justice agency, credit bureau, any person or persons named in this application, and any other agency, corporation or organization to furnish to the Town of Granville representative with any and all available information regarding me in order that they may determine my suitability for police services. I release them from any and all liability whatsoever for furnishing the aforementioned information.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

---

I understand to assure that an adequate number of personnel are available at all times and that all off duty fire fighters will be available for call back within a reasonable response time in emergency situations, the Town finds it necessary to require that its fire fighters reside no

## Application for Employment

further than a specified distance from their workplace. The following residency requirements shall apply.

Any fire fighter employed by the Town of Granville shall maintain a permanent physical residence within 10 air miles of the Town Hall located at 1245 Main Street Granville, WV. The fire fighter agrees to maintain this residency while under the employment of the Town of Granville.

Any fire fighter that does not reside within this area at the time of his/her appointment shall establish his/her physical residence as soon as physically possible.

Any and all disputes involving the enforcement of this rule shall be decided by the Granville Fire Dept. hearing board.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

---

### Waiver of Privacy Act - Release of Information

---

I, \_\_\_\_\_, give the Town of Granville, its police detectives, or any of its agents the right and permission to check any and all of my credit records. The permission to check shall include contact with any credit bureau, bank, loan institution and anyone with knowledge of my financial status.

I, \_\_\_\_\_, give the Town of Granville, its police detectives, or any of its agents the right and permission to check any and all agencies, medical and/or mental health facilities, law enforcement agencies and any agency which might be of concern for the completion of such investigation. The voluntary release form allows the police dept. to contact agencies for release of information and accurate documentation concerning my past personal history, employment history, criminal history, and financial history.

I, \_\_\_\_\_, give the Town of Granville, its police detectives, or any of its agents free from any liability connected with the investigation of my credit records or financial status. This release of liability means I can take no legal action against the Town of Granville, its detectives, or its agents regardless of the results of the investigation or how the investigation results are used.

# Application for Employment

I, \_\_\_\_\_, have read and understand the above release and give my permission for the background investigation if considered for employments.

---

---

# Application for Employment PRIVACY ACT STATEMENT

(Date required by the Privacy Act of 1974)

## \*PLEASE READ CAREFULLY\*

(Authority for collection of information including Social Security Number (SSN) is contained in 5 USC 23, USC 708, 44 USC 3101, 32 USC 708, and sections 133, 265, 275, 504, 508, 510, 672(d), 678, 837, 1007, 1071 through 1087, 1168, 1169, 1475 through 1480, 1553, 2107, 3012, 5031, 8012, 8033, 8496, and 9411 of 10 USC, and in Executive Orders 9397, 10450, and 11652.)

The authority for collection of information must be signed by you giving the Police Department of the Town of Granville permission to do a thorough background investigation with agencies such as the CREDIT BUREAU, MEDICAL AND/OR MENTAL INSTITUTIONS, LAW ENFORCEMENT AGENCIES, and any other agencies which might be of concern for the completion of such investigation. This voluntary release form allows the Police Department to contact agencies for release of information and accurate documentation concerning your past personal history, employment history, criminal history, and financial status.

Principal purpose(s): for which information is intended to be used:

To obtain background information for personnel investigative and evaluative purposes in connection with the making of securing determinations with respect to: (1) employment with the Town of Granville, particularly in sensitive civilian positions or for other positions that have been designed as requiring a determination as to whether employment in or assignment to such positions is clearly consistent with the interests of the public welfare, (2) positions of Police Officers, Fire Fighter, or other sworn position, or (3) a position which has access to classified or protected information.

The information will be used to determine your acceptability for employment with the Town of Granville. The information will be principally used to determine your mental, medical, and moral qualifications for employment with the Town of Granville. If you are accepted and subsequently hired by a component of the Town of Granville, this information will then become a part of your personnel record.

Your Social Security Number (SSN) is necessary to identify you and your records, and to properly report your earnings as an employee of the Town of Granville to the Social Security Administration, should you be hired. The data is **FOR OFFICIAL USE ONLY** (FOUO) and will be maintained in strict confidence in accordance with Federal Law and Regulations.



# Application for Employment

Disclosure of this information and signing of this form is voluntary. However, failure to furnish information or the falsification of any information contained in this application for employment can and will result in dismissal of the application.

Date of birth: \_\_\_\_\_

SSN: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Received by: \_\_\_\_\_

# Application for Employment

I, \_\_\_\_\_, for and consideration of being considered for employment by the Granville Fire Department, do hereby make the following representation and acknowledgements:

1. As part of the application process, I will have to take a physical agility test. A copy of the requirements will be provided to you at the time of application. You will have an opportunity to practice these tests prior to the actual testing procedure. Regardless of your physical condition, I recognize that there are risks of injuries involved in taking this physical agility test. I further understand that if I am not in appropriate physical condition, I may be placing myself at risk. Any pre-existing injuries, diseases, or physical conditions may be aggravated by this test, I have noted here:
2. I realize and agree that while taking this agility test, I am not an employee, agent or servant of the Town of Granville or the Granville Fire Department, and therefore will not be covered by any worker's compensation, death or disability benefits of the Town of Granville.

By signing this waiver, I do hereby release and forever discharge the Town of Granville and/or the Granville Fire Department and its officials, officers and employees, in both their public and private capacities, from any and all liability, claims, suits, demands or causes of action that may arise from taking the agility test. This waiver is intended to cover all acts or omissions of the Town of Granville regardless of whether such act or omission is the result of an intentional, reckless, grossly negligent, or negligent act. By signing this waiver, it is my intent to bind my heirs, executors, administrators and assigns. I understand the terms of this release are contractual and not a mere recital. Before signing this release, I have read it fully and hereby acknowledge that I understand it and have no questions concerning the content. I have signed this document of my own free will.

Printed Name:

---

Signature:

---

Date:

---

Address:

---

Phone Number:

---