

**Office of the Fire Chief**

300 Lakeview Drive  
MILLS, WYOMING 82604  
OFFICE: (307) 439-1246  
FAX: (307) 235-4967



# APPLICATION FOR EMPLOYMENT

## Volunteer Firefighter/EMT

**INSTRUCTIONS**

Fill out this application in its entirety. If a section does not apply to you please mark it "N/A".  
**Mills Fire Department will NOT accept incomplete applications.**

**I: PERSONAL INFORMATION**

NAME (LAST, FIRST, MIDDLE)		EMAIL	ARE YOU 21 OR OLDER? YES <input type="checkbox"/> NO <input type="checkbox"/>	
MAIDEN NAME (IF APPLICABLE)				
ADDRESS	CITY	STATE	ZIP CODE	
HOME PHONE	CELL PHONE		WORK PHONE	
DRIVER'S LICENSE NUMBER	CLASS	STATE	EXPIRATION DATE	
HAS YOUR DL EVER BEEN SUSPENDED OR REVOKED? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, Explain:				

**II: EDUCATION**

HIGHEST GRADE COMPLETED:						
HIGH SCHOOL:	COLLEGE:	GED/HS DIPLOMA <input type="checkbox"/>	ASSOCIATES <input type="checkbox"/>	BACHELORS <input type="checkbox"/>	MASTERS <input type="checkbox"/>	PHD <input type="checkbox"/>
<b>LIST ALL SCHOOLS ATTENDED</b>						
<b>NAME</b>	<b>ADDRESS</b>	<b>FROM</b>	<b>TO</b>	<b>DIPLOMA/DEGREE</b>		



**V: EMPLOYMENT HISTORY**

**LAST 5 YEARS (MOST RECENT FIRST)**

EMPLOYER NAME				TELEPHONE	
ADDRESS		CITY		STATE	ZIP CODE
POSITION HELD	EMPLOYED FROM	EMPLOYED TO	STARTING SALARY	ENDING SALARY	
DUTIES					
SUPERVISOR NAME	MAY WE CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO		REASON FOR LEAVING		

EMPLOYER NAME				TELEPHONE	
ADDRESS		CITY		STATE	ZIP CODE
POSITION HELD	EMPLOYED FROM	EMPLOYED TO	STARTING SALARY	ENDING SALARY	
DUTIES					
SUPERVISOR NAME	MAY WE CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO		REASON FOR LEAVING		

EMPLOYER NAME				TELEPHONE	
ADDRESS		CITY		STATE	ZIP CODE
POSITION HELD	EMPLOYED FROM	EMPLOYED TO	STARTING SALARY	ENDING SALARY	
DUTIES					
SUPERVISOR NAME	MAY WE CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO		REASON FOR LEAVING		

EMPLOYER NAME				TELEPHONE	
ADDRESS		CITY		STATE	ZIP CODE
POSITION HELD	EMPLOYED FROM	EMPLOYED TO	STARTING SALARY	ENDING SALARY	
DUTIES					
SUPERVISOR NAME	MAY WE CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO		REASON FOR LEAVING		

EMPLOYER NAME				TELEPHONE	
ADDRESS		CITY		STATE	ZIP CODE
POSITION HELD	EMPLOYED FROM	EMPLOYED TO	STARTING SALARY	ENDING SALARY	
DUTIES					
SUPERVISOR NAME	MAY WE CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO		REASON FOR LEAVING		

EMPLOYER NAME				TELEPHONE	
ADDRESS		CITY		STATE	ZIP CODE
POSITION HELD	EMPLOYED FROM	EMPLOYED TO	STARTING SALARY	ENDING SALARY	
DUTIES					
SUPERVISOR NAME	MAY WE CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO		REASON FOR LEAVING		

**VI: REFERENCES**

REFERENCE NAME		TELEPHONE	
ADDRESS	CITY	STATE	ZIP CODE
REFERENCE NAME		TELEPHONE	
ADDRESS	CITY	STATE	ZIP CODE
REFERENCE NAME		TELEPHONE	
ADDRESS	CITY	STATE	ZIP CODE
REFERENCE NAME		TELEPHONE	
ADDRESS	CITY	STATE	ZIP CODE

**VII: ACKNOWLEDGEMENT & SIGNATURE**

*I understand that my insurability will be verified and I may not be eligible for employment in a driving essential position or; if employed, I may be terminated because I am uninsurable.*

The City of Mills considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age disability, marital or veteran status, sexual orientation, or any other legally protected status.

I certify that the answers given herein are true and complete to the best of my knowledge; and I authorize the investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In the event of my employment, I understand that false or misleading information given in my application or interview(s) may result in disciplinary action that could lead to termination of my employment.

PRINTED NAME	SIGNATURE	DATE
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Return completed application to the Mills Fire Department via mail (any carrier) at the address listed below, e-mail (firechief@millswy.gov), or hand deliver to the front office (Monday – Friday 8AM – 5PM).

**Thank you for your interest in employment with the Mills Fire Department. If your application is accepted, you will be invited to participate in the next scheduled testing process. You will be contacted with details when the next testing process is scheduled.**

**Sincerely,  
Mills Fire Chief**

**\* MILLS FIRE DEPARTMENT \* 300 Lakeview Dr. \* MILLS \* WYOMING \* 82604 \*  
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