

APPLICATION FOR EMPLOYMENT



Name _____ **Date** _____

Application for Employment

— If you have a resume, please provide us with a copy.

Position applied for: _____

Name: _____
Last First Middle

Address: _____
Number and Street City State Zip Code

E-Mail Address: _____ Driver's License (number and state): _____

Home Phone: () _____

Work Phone: () _____ May we contact you at work? ☐ Yes ☐ No

Cell Phone Number: () _____

Station Preference: ☐ Station One ☐ Station Two ☐ None Why: _____

- Have you ever filed an application with us before? ☐ Yes ☐ No - If yes, date: _____
- Are you currently authorized to work for all employers in the United States, or only for your current employer? _____

• Are you over the age of 18? ☐ Yes ☐ No

• Have you ever been convicted of or pled no contest or guilty to a felony? If yes please explain: ☐ Yes ☐ No

• Do you have any friends or relatives currently working for us? If so, please indicate name. ☐ Yes ☐ No

• Do you have any previous firefighting experience? If so, please describe. ☐ Yes ☐ No

• Do you have any related training? ☐ CPR ☐ First Aid ☐ First Responder ☐ EMT ☐ Hazardous Materials ☐ Firefighting ☐ Other

• Describe any specialized training or job related skills acquired from employment or other experience.

Education	Name of School, City and State	Diploma/Degree	Major/Course Certification
High School		Diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED	
College		Degree? <input type="checkbox"/> Yes Type _____ <input type="checkbox"/> No Last Year Completed _____	
Other		Degree? <input type="checkbox"/> Yes Type _____ <input type="checkbox"/> No Last Year Completed _____	

Employment Record — Please start with your most recent employer, including military service and include all jobs you have held. If you need more space, please use an additional sheet of paper. If you are currently employed, may we contact your present employer? ☐ Yes ☐ No

Name of Employer: _____ Telephone: () _____
Address: _____
Name of Immediate Supervisor: _____ Title: _____
Your Title and Duties: _____
_____ Salary Starting: _____ Ending: _____
Reason for Leaving: _____ Employed From: _____ To: _____

Name of Employer: _____ Telephone: () _____
Address: _____
Name of Immediate Supervisor: _____ Title: _____
Your Title and Duties: _____
_____ Salary Starting: _____ Ending: _____
Reason for Leaving: _____ Employed From: _____ To: _____

Name of Employer: _____ Telephone: () _____
Address: _____
Name of Immediate Supervisor: _____ Title: _____
Your Title and Duties: _____
_____ Salary Starting: _____ Ending: _____
Reason for Leaving: _____ Employed From: _____ To: _____

Please identify and explain any gap in continuous employment over the last ten years. _____

References

Name: _____ Telephone: () _____
Address: _____
Name: _____ Telephone: () _____
Address: _____
Name: _____ Telephone: () _____
Address: _____

Please Read Carefully Before Signing:

I understand that completion of this application does not obligate the Excelsior Fire District to hire me or offer me a job.

The information I have provided in this application is true and complete. I understand that if hired, my employment may be terminated due to any misrepresentation, omission or inaccuracy of the statements contained in this Application for Employment. I authorize the Excelsior Fire District to investigate all statements contained in this application for accuracy and completeness, and to obtain any transcripts, records, or documents pertaining to my background and business experience. If hired, I agree to conform to the rules and regulations of the Excelsior Fire District.

Signature _____ Date _____
Applicant January 2008