

Employment Application



APPLICANT INFORMATION			
Last Name		First	M.I. Date
Street Address			Apartment/Unit #
City		State	ZIP
Phone		E-mail Address	
Date Available			
Position Applied for			
Do you possess a CDL?		YES <input type="checkbox"/>	NO <input type="checkbox"/> What level classified CDL do you hold? A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
If no, are you authorized to work in US?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

EDUCATION				
High School		Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/> Degree
College		Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/> Degree
Other		Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/> Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

EMPLOYMENT (CURRENT AND PREVIOUS)			
Company		Phone ()	
Address		Supervisor	
Job Title		Responsibilities	
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone ()	
Address		Supervisor	
Job Title		Responsibilities	
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone ()	
Address		Supervisor	
Job Title		Responsibilities	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone ()	
Address		Supervisor	
Job Title		Responsibilities	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

If they have been explained to you, are you able to meet the attendance requirements for this position? YES NO

Can you respond to emergency calls from work? YES NO

Are you available for evening drills? YES NO

Do you have previous training in firefighting or EMS? YES NO

Have you ever been convicted of a crime? YES NO If yes, Date: _____ Type of Crime: _____

Do you have a pending criminal charge? YES NO If yes, Date: _____ Alleged offense: _____

A conviction or pending criminal charge will not automatically disqualify an applicant for a particular job and will be considered only if there is a substantial relationship to the circumstances of the particular position.

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application may result in my release.

Signature _____ Date _____