



# Application For Employment

Date (MM/DD/YY)

Name			
	Last	First	Middle I

Address			
	Street Number and Name	State	Zip

Contact				
	Home Phone	Cellular Phone	Text (Y/N)	Email Address

Identification	Social Security		Drivers License Information		
	Number	Number	State	Issued	Expires

Education	High School					
	College/Other					
	College/Other					
		Name	City	State	Years Attended	Graduate (Y/N)

Employment History	Prior Employer Name	Position	City	Pay Rate	Start Date (MM/YY)	End Date (MM/YY)

References	Name	Phone Number	Relationship	May we Contact

		Cicle One	
Have you ever been convicted of a felony?		Yes	No
If Yes Please Explain: _____			
Are you available to work overtime?		Yes	No
Do you have a reliable method of transportation?		Yes	No
Does anything prevent you from working out of town for an extended duration?		Yes	No
Are you legal to work in the United States of America?		Yes	No
Do you have any restrictions that would prevent you from taking a psical fitness test which requires carrying a 45 pound pack 3 Miles in 45 Minutes?		Yes	No
Have you received any motor vehicle violations in the last 3 years?		Yes	No
If Yes Please Explain: _____			
Please list anything else you think is important we know about you:			

Emergency Contact	First Name	Last Name	Phone Number	Relationship

Fire Qualifications	Qualification	Date PTB Completed	Qualification	Date PTB Completed

Fire Course History	Course	Date Completed	Coourse	Date Completed

List Most Recent Fire History	Fire Name	Position	Agency	Size

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**Signature**

\_\_\_\_\_

**Date**

By signing this application I warrant the information to be an accurate and truthfully representation of my employment, education history and criminal history. I also understand that all information is subject to verification and I will be required to substantiate all fire credentials.