

EMPLOYMENT APPLICATION

POSITION APPLIED FOR:	DATE OF APPLICATION:
NAME OF APPLICANT (First, Middle, Last):	
MAILING ADDRESS (Include City/State/Zip):	
PHYSICAL STREET ADDRESS (If different from mailing address):	
HOME PHONE NUMBER:	MESSAGE PHONE NUMBER:
Are you able to perform the essential functions of this position, with or without reasonable accommodations?	
DRIVER'S LICENSE NUMBER:	STATE ISSUING LICENSE & EXPIRATION DATE;
PERSONS TO CONTACT IN CASE OF EMERGENCY:	
NAME:	RELATIONSHIP:
ADDRESS:	PHONE NUMBER:
NAME:	RELATIONSHIP:
ADDRESS:	PHONE NUMBER:
NAME OF PERSONAL PHYSICIAN:	PHONE NUMBER:
HOW DID YOU LEARN ABOUT OUR FIRE DISTRICT? PLEASE EXPLAIN:	
IDENTIFY ANY SPECIAL SPECIFIC TRAINING YOU HAVE FOR THE POSITION. (Attach additional sheets if necessary)	

EMPLOYMENT HISTORY: List work records for the past 10 years, including self-employment and US military service with your most recent experience. Be as complete as possible in describing the work performed. Job-related volunteer experience should be included.

<input type="checkbox"/> PAID	MAY WE CONTACT THIS EMPLOYER?	<input type="checkbox"/> YES	<input type="checkbox"/> PLEASE NOTIFY ME FIRST
<input type="checkbox"/> VOLUNTEER		<input type="checkbox"/> NO	
FROM (MO & YEAR)	EMPLOYER'S NAME	TYPE OF BUSINESS	PHONE NUMBER
TO (MO & YEAR)	ADDRESS	CITY	STATE & ZIP
YOUR MOST RECENT POSITION:			
PRIMARY DUTIES:			
NAME & TITLE OF IMMEDIATE SUPERVISOR:			
REASON FOR LEAVING OR CONSIDERING CHANGE:			

<input type="checkbox"/> PAID	MAY WE CONTACT THIS EMPLOYER?	<input type="checkbox"/> YES	<input type="checkbox"/> PLEASE NOTIFY ME FIRST
<input type="checkbox"/> VOLUNTEER		<input type="checkbox"/> NO	
FROM (MO & YEAR)	EMPLOYER'S NAME	TYPE OF BUSINESS	PHONE NUMBER
TO (MO & YEAR)	ADDRESS	CITY	STATE & ZIP
YOUR MOST RECENT POSITION:			
PRIMARY DUTIES:			
NAME & TITLE OF IMMEDIATE SUPERVISOR:			
REASON FOR LEAVING OR CONSIDERING CHANGE:			

<input type="checkbox"/> PAID	MAY WE CONTACT THIS EMPLOYER?	<input type="checkbox"/> YES	<input type="checkbox"/> PLEASE NOTIFY ME FIRST
<input type="checkbox"/> VOLUNTEER		<input type="checkbox"/> NO	
FROM (MO & YEAR)	EMPLOYER'S NAME	TYPE OF BUSINESS	PHONE NUMBER
TO (MO & YEAR)	ADDRESS	CITY	STATE & ZIP
YOUR MOST RECENT POSITION:			
PRIMARY DUTIES:			
NAME & TITLE OF IMMEDIATE SUPERVISOR:			
REASON FOR LEAVING OR CONSIDERING CHANGE:			

<input type="checkbox"/> PAID	MAY WE CONTACT THIS EMPLOYER?	<input type="checkbox"/> YES	<input type="checkbox"/> PLEASE NOTIFY ME FIRST
<input type="checkbox"/> VOLUNTEER		<input type="checkbox"/> NO	
FROM (MO & YEAR)	EMPLOYER'S NAME	TYPE OF BUSINESS	PHONE NUMBER
TO (MO & YEAR)	ADDRESS	CITY	STATE & ZIP
YOUR MOST RECENT POSITION:			
PRIMARY DUTIES:			
NAME & TITLE OF IMMEDIATE SUPERVISOR:			

REASON FOR LEAVING OR CONSIDERING CHANGE: _____

EDUCATION	HIGH SCHOOL	COLLEGE/UNIVERSITY	GRADUATE OR PROFESSIONAL
SCHOOL NAME			
DEGREE/DIPLOMA			
DESCRIBE COURSE OF STUDY			
DESCRIBE ANY SPECIALIZED TRAINING, SKILLS, OR LICENSES OR CERTIFICATIONS			

IF NOT A HIGH SCHOOL GRADUATE, DO YOU HAVE A CERTIFICATE OF EQUIVALENCE? (GED) _____
IF YES, DATE RECEIVED CERTIFICATE _____

INDICATE FOREIGN LANGUAGES YOU SPEAK, READ, AND/OR WRITE:

MILITARY RECORD (Have you ever been in the Armed Forces?)If so:

- Your current military status? (Active/Retired/ Reserve or National Guard?)
- Branch of Service?
- Highest rank attained?
- Type of Discharge:
- Date and location of discharge:
- List any disciplinary action taken against you while in the military:

Veterans Preference: If you believe you are eligible to receive Veterans Preference, please complete and attach CKFR "Application for Veteran's Preference" and a copy of your DD214 to this application

REFERENCES: Please provide names of three persons other than former employers and relatives who have known you for at least three (3) years and who have knowledge of your character, experience, and abilities.

NAME:	NUMBER OF YEARS PERSON HAS KNOWN YOU:
ADDRESS:	PHONE NUMBER:
NAME:	NUMBER OF YEARS PERSON HAS KNOWN YOU:
ADDRESS:	PHONE NUMBER:
NAME:	NUMBER OF YEARS PERSON HAS KNOWN YOU:

ADDRESS:	PHONE NUMBER:
----------	---------------

Comments:

" I hereby certify that this application contains no misrepresentations or falsifications and that the information given is true and complete to the best of my knowledge and belief. I understand misrepresentation or omission of facts called for in this application may subject me to disqualification or dismissal.

I understand that neither the acceptance of this application by the District nor any statements contained in any material distributed by the District, nor any statements made by representatives of the District confer or create any contractual rights of employment."

DATE:

SIGNATURE OF APPLICANT:

If applicant is applying to become a Student Firefighter (16-18 years of age), parent or guardian signature declaring they know about and approve of this application is necessary and must be signed below:

DATE:

SIGNATURE:

DATE:

SIGNATURE:

DO NOT WRITE BELOW THIS LINE

DATE OF INITIAL CONTACT:	DATE OF SCREENING TEAM CONTACT:
DATE SCHEDULED FOR RECRUIT ACADEMY:	DATE PROCESSED BY OFFICE:
<p>Effective _____, this applicant has successfully completed the application process and is a (Volunteer ___ Career ___) member assigned to Station # _____.</p>	
CHIEF OFFICER'S SIGNATURE:	DATE:

DATE LEFT DEPARTMENT:
REASON FOR LEAVING:
COMMENTS: