

# Application For Employment

## South Metropolitan Fire Protection District



We consider applications 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.

*(PLEASE PRINT)*

Position Applied For	Date of Application
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How Did You Learn About Us?

Advertisement     
  Friend     
  Walk-In  
 Employment Agency   
  Relative   
  Other \_\_\_\_\_

Last Name	First Name	Middle Name
Address    Number    Street	City	State    Zip Code
Telephone Number(s)	Social Security Number XXXXXXXXXXXXXXXXXXXXXXXXXX	
Email Address		

If you are under 18 years of age, can you provide required proof of your eligibility to work?     Yes     No

Have you ever filed an application with us before?     Yes     No

If Yes, give date \_\_\_\_\_

Have you ever been employed with us before?     Yes     No

If Yes, give date \_\_\_\_\_

Are you currently employed?     Yes     No

May we contact your present employer?     Yes     No

Are you prevented from becoming employed in this country because of Visa or Immigration Status?     Yes     No

Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? \_\_\_\_\_

Are you available to work:     Full Time     Part Time     Shift Work     Temporary

Are you currently on "lay-off" status and subject to recall?     Yes     No

Can you travel if a job requires it?     Yes     No

Have you been convicted of a felony within the last 7 years?     Yes     No

Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain \_\_\_\_\_

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

# Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities or other protected status.

1	Employer	Dates Employed		Work Performed	
	Address	From	To		
	Telephone Number(s)	Hourly Rate/Salary			
	Job Title	Supervisor	Starting		Final
	Reason For Leaving				
2	Employer	Dates Employed		Work Performed	
	Address	From	To		
	Telephone Number(s)	Hourly Rate/Salary			
	Job Title	Supervisor	Starting		Final
	Reason For Leaving				
3	Employer	Dates Employed		Work Performed	
	Address	From	To		
	Telephone Number(s)	Hourly Rate/Salary			
	Job Title	Supervisor	Starting		Final
	Reason For Leaving				
4	Employer	Dates Employed		Work Performed	
	Address	From	To		
	Telephone Number(s)	Hourly Rate/Salary			
	Job Title	Supervisor	Starting		Final
	Reason For Leaving				

Use additional paper if necessary

List professional, trade, business or civic activities and office held.

*You may exclude membership that would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.*

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# Education

	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
Elementary School				
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				

EMT    EMT-P   State \_\_\_\_\_ License # \_\_\_\_\_ Expiration date \_\_\_\_\_

FF I    FF II   Location of Training \_\_\_\_\_ Date \_\_\_\_\_

## Other Qualifications:

Describe special job-related skills and qualifications, including any specialized training, apprenticeship, skills, extracurricular activities, and job-related training received in the United States military

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Computer experience    Home    Work    PC    Mac    Technical Skills

## Beneficiary Information (Optional)

\_\_\_\_\_

Name

\_\_\_\_\_

Relationship

\_\_\_\_\_

Work Phone

\_\_\_\_\_

Address

\_\_\_\_\_

Home Phone

# Applicant's Statement

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

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## References

1	_____	_____
	Name	Phone Number
	_____	
	Address	
2	_____	_____
	Name	Phone Number
	_____	
	Address	
3	_____	_____
	Name	Phone Number
	_____	
	Address	

State any additional information you feel may be helpful to us in considering your application

Note to applicants: DO NOT ANSWER THIS QUESTIONS UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING

Are you capable of performing in a resonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you ahve applied?

Yes  No