

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

PERSONAL INFORMATION									
NAME (LAST, FIRST, MIDDLE)			PRIMARY PHO	ONE	EMAIL ADDRESS				
			()						
STREET ADD	RESS		CITY	STATE	ZIP COL	DE			
-	een employed or attended sc	hool under another name?				☐ Yes	☐ No		
If YES, please p	rovide other name(s).								
-	provide evidence of your ide	entity and eligibility to work	in this country?			Yes	☐ No		
Are you 18 years of age or older?						☐ Yes	☐ No		
If hired, would you have a reliable means of transportation to and from work?						Yes	☐ No		
_	nis position, do you have a va					☐ Yes	☐ No		
If YES, please p	If YES, please provide the <i>state of issuance</i> , the <i>license number</i> , and the <i>expiration date</i> .								
- CX									
State of Issuan	State of Issuance Class License Number Expiration Date								
POSITION	POSITION INFORMATION								
POSITION DE	SIRED		DATE AVAILABI	LE TO BEGIN WORK	SALAR	Y DESIRED			
EMPLOYMENT DESIRED Separate Property Consequence Consequence									
☐ Full-time ☐ Part-time ☐ Special Project (seasonal work or other) If you are applying for part-time or special project work, please describe your availability:									
Have you ever applied to this organization before?						Yes	☐ No		
If YES, when?							_		
Can you perforn	n the essential functions of th	e position for which you are	applying with or with	hout a reasonable accon	nmodation?	Yes	☐ No		
Would you be available to work overtime if necessary?						Yes	☐ No		
ED II C A TI C									
EDUCATIO	ON .								
	Name of School	City/State	e Dates (Mo	nth/Year) Level Co	ompleted	Degree/Diploma/Ce	ertification		
High School				9 10	11 12				
College				1 2	3 4				
College				1 2	3 4				
Vocational									
Training									

SKILLS / CERTIFICATIONS								
Please check any boxes corresponding to skills or cert	Please check any boxes corresponding to skills or certifications you possess:							
☐ EMT Certification*	☐ Computer*		*Provide additional details as needed:					
☐ CPR Certification								
☐ Paramedic License								
☐ Bilingual in Speaking / Reading / Writing (circle):								
Other: Do you have any other expertise, training, qualification								
Do you have any other expertise, training, qualificatio explain.	ns, accomplishments, or skills	s which you feel make you e	especially suited for the position? If so, please					
FORMER EMPLOYERS								
List below your employment history for the past 10 years, or your last three employers (whichever is greater), starting with your most recent position. You may attach an extra sheet of paper if more room is needed.								
NAME AND ADDRESS OF EMPLOYER		TELEPHONE NO.	DATES OF EMPLOYMENT (MM. Fr:	/YY)				
JOB TITLE		FIRST AND LAST NAME	To: E OF IMMEDIATE SUPERVISOR					
DESCRIBE YOUR JOB DUTIES		DESCRIBE YOUR REASON FOR LEAVING						
NAME AND ADDRESS OF EMPLOYER		TELEPHONE NO.	DATES OF EMPLOYMENT (MM.	/ YY)				
			Fr: To:	,				
JOB TITLE		FIRST AND LAST NAME	T AND LAST NAME OF IMMEDIATE SUPERVISOR					
DESCRIBE YOUR JOB DUTIES		DESCRIBE YOUR REASON FOR LEAVING						
NAME AND ADDRESS OF EMPLOYER		TELEPHONE NO.	DATES OF EMPLOYMENT (MM.	/YY)				
			Fr: To:					
JOB TITLE		FIRST AND LAST NAME OF IMMEDIATE SUPERVISOR						
DESCRIBE YOUR JOB DUTIES		DESCRIBE YOUR REASON FOR LEAVING						

**	for a reason other than a layoff?			
Have you ever been terminated from employment		☐ Yes	☐ No	
May we contact your current employer?	Yes	☐ No		
Do you have relatives employed by North Central If YES , what are their names and relationship to you	ompany?	Yes	□ No	
REFERENCES				
Please list three <i>professional</i> references (exclude r	elatives) who have a knowledge of your	work performance.		
Name	Phone No.	Occupation	Years A	Acquainted
PLEASE READ AND SIGN BELOW. Appl I certify that all information submitted on personally completed this application. I un constitute grounds for rejection of this application of this application of this application of the omission or misstal I authorize North Central Fire Protection I related to my suitability for employment. It any and all records and information related entities from any and all liability for issuin	this application is true and complete that any falsification, oblication or immediate dismissal attement. District to thoroughly investigated further authorize my former end to my work, and release the contents.	polete. I further certify that I, the undersign omission, or misrepresentation of material from employment, if hired, regardless of e my references, work record, education and imployers to disclose to North Central Fire ompany, my former employers and all oth	ned application and other and other appropriate Protection	elapsed matters on District
I agree that if employed, I will abide by N the release of reference information regard employees, agents and representatives fro	ding my work while employed a	t North Central Fire Protection District a		
I understand that nothing contained in this contract of employment. I understand that may be terminated at any time, with or wi Agreements contrary to this policy may or	employment at North Central F thout prior notice, with or without	ire Protection District is at-will, for no do ut cause, at the option of either myself or	efinite per the comp	riod and
Applicant's Signature:		Date		