

FREDERICK- FIRESTONE FIRE PROTECTION DISTRICT

APPLICATION FOR EMPLOYMENT

Applications are considered without regard to race, color, religion, sex, nation origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

DATE _____

PERSONAL INFORMATION

NAME	<i>LAST</i>	<i>FIRST</i>	<i>MIDDLE</i>	SOCIAL SECURITY NUMBER
PRESENT ADDRESS	<i>STREET</i>	<i>CITY</i>	<i>STATE</i>	<i>ZIP</i>
PERMANENT ADDRESS	<i>STREET</i>	<i>CITY</i>	<i>STATE</i>	<i>ZIP</i>
PRIMARY PHONE NUMBER: (HOME) (CELL) (OTHER)	SECONDARY PHONE NUMBER: (HOME) (CELL) (OTHER)		CURRENT EMAIL:	

Circle One

Circle One

IN CASE OF EMERGENCY NOTIFY

<i>NAME</i>	<i>ADDRESS</i>	<i>PHONE NUMBER</i>
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ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	ARE YOU 18 YEARS OR OLDER?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?		
ARE YOU EMPLOYED NOW?		
HAVE YOU EVER APPLIED TO THIS ORGANIZATION BEFORE?	WHERE?	WHEN?
HAVE YOU EVER WORKED FOR THIS ORGANIZATION BEFORE?	WHERE?	WHEN?
REASON FOR LEAVING		

NAME OF LAST SUPERVISOR AT THIS ORGANIZATION _____

WHO REFERRED YOU TO THIS ORGANIZATION

ADVERTISEMENT
 FRIEND
 WALKED IN
 OTHER

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	# OF YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
OTHER				

GENERAL

SPECIAL TRAINING _____

SPECIAL SKILLS _____

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK _____

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST)

NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER _____

STARTING DATE _____ LEAVING DATE _____
MONTH YEAR MONTH YEAR

MONTHLY STARTING SALARY _____ MONTHLY FINAL SALARY _____

JOB TITLE _____ MAY WE CONTACT YOUR SUPERVISOR _____

NAME AND TITLE OF SUPERVISOR _____ PHONE NUMBER _____

DESCRIPTION OF WORK _____

REASON FOR LEAVING _____

NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER _____

STARTING DATE _____ LEAVING DATE _____
MONTH YEAR MONTH YEAR

MONTHLY STARTING SALARY _____ MONTHLY FINAL SALARY _____

JOB TITLE _____ MAY WE CONTACT YOUR SUPERVISOR _____

NAME AND TITLE OF SUPERVISOR _____ PHONE NUMBER _____

DESCRIPTION OF WORK _____

REASON FOR LEAVING _____

NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER _____

STARTING DATE _____ LEAVING DATE _____
MONTH YEAR MONTH YEAR

MONTHLY STARTING SALARY _____ MONTHLY FINAL SALARY _____

JOB TITLE _____ MAY WE CONTACT YOUR SUPERVISOR _____

NAME AND TITLE OF SUPERVISOR _____ PHONE NUMBER _____

DESCRIPTION OF WORK _____

REASON FOR LEAVING _____

REFERENCES LIST BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOW AT LEAST ONE YEAR

NAME	ADDRESS & PHONE NUMBER	BUSINESS	YEARS AQUAINTED
1.			
2.			
3.			

SERVICE RECORD

BRANCH OF SERVICE _____ DISCHARGE DATE _____

PRESENT MEMBERSHIP IN _____ RANK _____

NATION GUARD OR RESERVES _____ DATE OBLIGATION ENDS _____

SPECIAL QUESTIONS

DO NOT ANSWER ANY OF THESE QUESTIONS IN THIS FRAMED AREA UNLESS THE EMPLOYER HAS CHECKED A BOX PRECEDING A QUESTION. THEREBY INDICATING THAT THE INFORMATION REQUIRED FOR A BONA FIDE OCCUPATIONAL QUALIFICATION OR DICTATED BY NATIONAL SECURITY LAWS, OR IS NEEDED FOR OTHER LEGALLY PERMISSIBLE REASONS.

HEIGHT _____ feet _____ inches Are you a United States citizen? _____ Yes _____ No

ARE YOU ABLE TO PERFORM EACH OF THE PRIMARY DUTIES AND RESPONSIBILITIES FOR THE POSITION WITH OR WITHOUT AN ACCOMMODATION? _____ YES _____ NO

IF YOU CAN PERFORM THE PRIMARY DUTIES AND RESPONSIBILITIES FOR THE POSITION WITH AN ACCOMMODATION, EXPLAIN HOW YOU WOULD PERFORM THE TASKS, AND WITH WHAT ACCOMMODATIONS?

WHAT FOREIGN LANGUAGES DO YOU SPEAK FLUENTLY? READ WRITE

HAVE YOU BEEN CONVICTED OF A FELONY OR MISDEMEANOR WITHIN THE LAST 5 YEARS? _____ YES _____ NO
DESCRIBE :

I understand and agree that I may be required to take one or more physical examination(s). I agree to consent to take such test(s) at such time as designated th the Organization and to release the Organization, its Directors, officers, agents or employees from any claim arising in connection with the use of such test(s). _____ Yes _____ No

* You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied.

AUTHORIZATION

" I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE ORGANIZATION'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE ORGANIZATION'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE ORGANIZATION. I UNDERSTAND THAT NO ORGANIZATION REPRESENTATIVE OTHER THAN ITS PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING. "

DATE _____

SIGNATURE _____