



APPLICATION FOR EMPLOYMENT

In order that your application may be properly evaluated, it is essential that all of the following questions be answered carefully and completely.

PLEASE PRINT CLEARLY

Name _____ Date _____
Last First Middle Initial

Address _____
Street City State Zip Code

Social Security Number _____ Telephone _____ Cell _____

E-mail _____

Are you 18 years of age or older? _____ If hired, you may be required to submit proof of age.

When can you start? _____ How were you referred to us? _____

POSITION DESIRED _____

Are you seeking _____ Full Time _____ Part Time
_____ Regular _____ Temporary

Any shift? _____ Yes _____ No, only _____

Have you worked here before? _____ If yes, when? _____

Have you applied here before? _____ If yes, when? _____

For Driving Jobs Only. Do you have a valid driver's license? _____ Drivers License Number _____

Have you had your driver's license suspended or revoked in the last three years? _____

If yes, give details _____

EDUCATIONAL BACKGROUND

Type of School	Name and Location	Number of Years Completed	Major	GPA	Degree Obtained	Date of Completion
High School or GED						
College						
Graduate School						
Vocational or Technical						

List any hobbies or outside interests you may have: _____

List any additional special skills, technical or professional knowledge which you may have: _____

EMPLOYMENT EXPERIENCE

List all of your current and previous positions (paid and unpaid) in chronological order starting with the most recent. Please account for all periods of time including military service and any period of unemployment. Please attach additional sheets as needed even if you submit resume.

1. Employed from _____ To _____

Pay from \$ _____ Per _____ To \$ _____ Per _____

Company Name _____ Your Title _____

Address _____ Your Department _____

City, State & Zip Code _____ Supervisor's Phone Number _____

Supervisor's Name and Title _____

Work Performed _____

Reason for Leaving _____

2. Employed from _____ To _____

Pay from \$ _____ Per _____ To \$ _____ Per _____

Company Name _____ Your Title _____

Address _____ Your Department _____

City, State & Zip Code _____ Supervisor's Phone Number _____

Supervisor's Name and Title _____

Work Performed _____

Reason for Leaving _____

3. Employed from _____ To _____

Pay from \$ _____ Per _____ To \$ _____ Per _____

Company Name _____ Your Title _____

Address _____ Your Department _____

City, State & Zip Code _____ Supervisor's Phone Number _____

Supervisor's Name and Title _____

Work Performed _____

Reason for Leaving _____

4. Employed from _____ To _____
Pay from \$ _____ Per _____ To \$ _____ Per _____
Company Name _____ Your Title _____
Address _____ Your Department _____
City, State & Zip Code _____ Supervisor's Phone Number _____
Supervisor's Name and Title _____
Work Performed _____

Reason for Leaving _____

5. Employed from _____ To _____
Pay from \$ _____ Per _____ To \$ _____ Per _____
Company Name _____ Your Title _____
Address _____ Your Department _____
City, State & Zip Code _____ Supervisor's Phone Number _____
Supervisor's Name and Title _____
Work Performed _____

Reason for Leaving _____

6. Employed from _____ To _____
Pay from \$ _____ Per _____ To \$ _____ Per _____
Company Name _____ Your Title _____
Address _____ Your Department _____
City, State & Zip Code _____ Supervisor's Phone Number _____
Supervisor's Name and Title _____
Work Performed _____

Reason for Leaving _____

May we contact your present Employer? Yes ___ No ___

OTHER QUESTIONS

Have you ever been convicted of a felony or misdemeanor? Yes ___ No ___

If yes, give a short explanation of incident. Please indicate the date, nature and place of the incident, the disposition of the allegations, and your employer at the time, including your employer's name, address, and telephone number _____

Have you been given a job description? Yes ___ No ___

Do you understand the job requirements? Yes ___ No ___

Can you perform the job requirements with or without reasonable accommodation? Yes ___ No ___

Please two professional references (other than those previously listed), and two personal references:

NAME	PHONE	RELATIONSHIP

APPLICANT'S DECLARATION, AUTHORIZATION, AND RELEASE

My answers on this application and on any resume I provide are complete and true. I understand that the submission of any false or incomplete information in connection with my application whether on this or other documents or in interviews, will be cause for the rejection of my application or the termination of my employment at any time. I authorize Falcon Fire Protection District and its agents to verify any information related to my application or resume. I also authorize individuals, schools, employers, and law enforcement or government officials to freely release any information concerning my background, and hereby release any and all of them from any liability for doing so. If Falcon Fire Protection District employs me, I understand that I will be employed on an at-will basis for an indefinite period of time and that Falcon Fire Protection District may terminate my employment at any time and for any reason.

Print Name

Signature

Date

Falcon Fire Protection District shall comply with appropriate federal and state laws and regulations prohibiting discrimination on grounds of race, color, religion, gender, national origin, age, or disability.