

EDUCATION

Name, address, and location of school	Highest grade Completed	Did you graduate?
◆ High School: _____ _____	_____	_____
◆ College or University: _____ _____		

Degree: _____

WORK HISTORY

List names of employers in consecutive order with present or last employer first.

Current

Name of Employer	Address	City	State	Zip Code
From _____ To _____	Name of Last Supervisor _____			
Telephone: (_____) _____ - _____	Position or Title _____			
Reason for Leaving: _____ _____				
Duties: _____ _____				

PREVIOUS

Name of Employer	Address	City	State	Zip Code
From _____ To _____	Name of Last Supervisor _____			
Telephone: (_____) _____ - _____	Position or Title _____			
Reason for Leaving: _____ _____				
Duties: _____ _____				

REFERENCES

Give three references, not relatives or former employers.

	Name	Address	Phone	Occupation
1.	_____			
2.	_____			
3.	_____			

By my signature below, I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that should an investigation disclose untruthful or misleading answers, my application may be rejected or my participation / employment with the fire district terminated. In addition, I authorize previous employers and references to release information as necessary to verify my qualifications for employment and further give my permission for the agency or their agent(s) to conduct the required background checks including a police records check.

Further, the fire district may require a pre-employment physical with a physician retained by the agency. Such a physical may include a drug-screening test. My signature below serves as authorization to the physician to release all information relative to the pre-employment physical and drug testing results. If such results indicate inability to perform the job applied for or drug use, I understand my application may be rejected or my employment with the agency terminated.

SIGNATURE _____ DATE _____
