|  |  |  |  |
| --- | --- | --- | --- |
| **Position Applied For** | **Date of Application** | | |
| Click or tap here to enter text. | Click or tap to enter a date. | | |
| **Name *(Last, First, MI)*** |  | | |
| Click or tap here to enter text. | | | |
| **Street Address** | **City** | **State** | **Zip Code** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Main Phone Number** | **Alternate Phone Number** | **Email** | |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | |

**Employment History**

List below sequentially all your employers in the last ten (10) years beginning with your current or most recent employer. Attach additional sheets, if necessary. This section must be completed regardless of whether a resume is attached.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Employer** | **Supervisor** | | **May we contact?** |
| Click or tap here to enter text. | Click or tap here to enter text. | | Yes  No |
| Street Address | City | State | Zip Code |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Phone Number | Dates Employer *(Month/Year)* | | |
| Click or tap here to enter text. | **From** Click or tap to enter a date. | **To** Click or tap to enter a date. | |
| Job Title and Duties | Reason for Leaving | | |
| Click or tap here to enter text. | Click or tap here to enter text. | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Employer** | **Supervisor** | | **May we contact?** |
| Click or tap here to enter text. | Click or tap here to enter text. | | Yes  No |
| Street Address | City | State | Zip Code |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Phone Number | Dates Employer *(Month/Year)* | | |
| Click or tap here to enter text. | From Click or tap to enter a date. | To Click or tap to enter a date. | |
| Job Title and Duties | Reason for Leaving | | |
| Click or tap here to enter text. | Click or tap here to enter text. | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Employer** | **Supervisor** | | **May we contact?** |
| Click or tap here to enter text. | Click or tap here to enter text. | | Yes  No |
| Street Address | City | State | Zip Code |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Phone Number | Dates Employer *(Month/Year)* | | |
| Click or tap here to enter text. | From Click or tap to enter a date. | To Click or tap to enter a date. | |
| Job Title and Duties | Reason for Leaving | | |
| Click or tap here to enter text. | Click or tap here to enter text. | | |

Have you ever been involuntarily terminated or asked to resign from any job?  Yes  No

If yes, explain:

|  |
| --- |
| Click or tap here to enter text. |

Explain any gaps in your employment history:

|  |
| --- |
| Click or tap here to enter text. |

List any other experience, job related skills, additional languages, or other qualifications you believe should be considered in evaluating your qualifications for employment:

|  |
| --- |
| Click or tap here to enter text. |

**Education Background**

Describe your educational background in the table provided below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **School Name** | **Years Completed** | **Diploma/**  **Degree** | **Area of Study/Major** |
| **High School** | Click or tap here to enter text. | Click or tap here to enter text. | Yes  No | Click or tap here to enter text. |
| **College/**  **University** | Click or tap here to enter text. | Click or tap here to enter text. | Yes  No | Click or tap here to enter text. |
| **Graduate/**  **Professional School** | Click or tap here to enter text. | Click or tap here to enter text. | Yes  No | Click or tap here to enter text. |
| **Trade School** | Click or tap here to enter text. | Click or tap here to enter text. | Yes  No | Click or tap here to enter text. |
| **Other** | Click or tap here to enter text. | Click or tap here to enter text. | Yes  No | Click or tap here to enter text. |

**Business and Professional References**

List three professional references of individuals who are not related to you:

|  |  |  |  |
| --- | --- | --- | --- |
| **Name and Title** | **Relationship** | **Phone Number** | **Email** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**Personal References**

List three people who know you well:

|  |  |  |  |
| --- | --- | --- | --- |
| **Name and Title** | **Relationship and Years Acquainted** | **Phone Number** | **Email** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**General Information**

* Have you ever used another name? Yes  No
* Is any additional information relative to name changes, use of an assumed name,

or nickname necessary to enable a check on your work and educational record? Yes  No

* If yes to either of the above, provide the additional information:

Click or tap here to enter text.

* On what date are you available to begin work? Click or tap here to enter text.
* Days and hours you are available to work:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Monday | Tuesday | Wednesday | Thursday | Friday |
|  |  |  |  |  |

* If hired, would you have a reliable means of transportation to and from work? Yes  No
* Can you travel if the position requires it? Yes  No
* Are you at least 18 years old? Yes  No

*Note: If under 18, hire is subject to verification that you are of minimum legal age.*

* If hired, can you present evidence of your identity and legal right to work  
  in this country? Yes  No
* Are you able to perform the essential job functions of the job for which you are

applying with or without reasonable accommodation? Yes  No

*Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for qualified applicants/employees to perform essential job functions.*

**Driving Record**

Do you have a valid driver’s license? Yes  No

Driver’s License State and Number: Click or tap here to enter text.

**Licenses Held**

Type: Click or tap here to enter text. License Number: Click or tap here to enter text.

Granted by (licensing board): Click or tap here to enter text.

Address: Click or tap here to enter text. Phone Number: Click or tap here to enter text.

**Applicant Statement and Agreement**

I hereby authorize the District to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment and, further, authorize the prior employers and references I have listed to disclose to the District all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the District, my former employers, and all other persons, corporations, partnerships, and associations from all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

If I am employed by the District, I understand I am required to comply with all rules and regulations of the District.

I understand that safety of employees is extremely important to the District and the District is committed to ensuring a safe working environment. I understand that I, and every employee, have a responsibility to prevent accidents and injuries by observing all safety procedures and guidelines and following the directions of my supervisor. I understand and agree to comply with federal, state, and local regulations related to on-the-job safety and health.

I hereby certify that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I understand that if I am selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that if any term, provision, or portion of this Agreement is declared void or unenforceable, it shall be severed, and the remainder of this Agreement shall be enforceable.

**MY SIGNATURE INDICATES THAT I HAVE READ, UNDERSTAND, AND AGREED TO ALL OF THE ABOVE TERMS.**

**Job Applicant Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Job Applicant Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** Click or tap to enter a date.

*The South Fire District is an Equal Opportunity Employer and does not discriminate based on race, creed, color, ethnicity, national origin, religion, sex, sexual orientation, gender expression, age, veteran status, military obligations, disability, or marital status in any of its activities or operations. In compliance with the Americans with Disabilities Act, the District will provide reasonable accommodations to qualified individuals with disabilities and encourages both prospective and current employees to discuss potential accommodations with the employer.*