

Position Applied For	Date of Ap	plication		
••		•		
Name (c 7' . sail				
Name (Last, First, MI)				
Street Address	City		State	Zip Code
Main Phone Number	Alternate Phone Number		Email	
Employment History				
List below sequentially all your employers in			-	
employer. Attach additional sheets, if necess is attached.	ary. This sec	tion must be complet	ed regardless	of whether a resume
Name of Employer		Supervisor		May we contact?
				☐ Yes ☐ No
Street Address		City	State	Zip Code
Phone Number		Dates Employer (Mon	th/Year)	
		From	То	
Job Title and Duties		Reason for Leaving		

Name of Employer	Supervisor		May we contact?
			☐ Yes ☐ No
Street Address	City	State	Zip Code
Phone Number	Dates Employer (Month/Ye	rar)	
	From	То	
Job Title and Duties	Reason for Leaving		
Name of Employer	Supervisor		May we contact?
			☐ Yes ☐ No
Street Address	City	State	☐ Yes ☐ No Zip Code
Street Address	City	State	
Street Address Phone Number	City Dates Employer (Month/Ye		
	Dates Employer (Month/Ye	ear)	

lave you ever be	en involuntarily terminated of		iroiii airy job	
yes, explain:				
nlain any gans i	in your employment history:			
plant arry gaps i	in your employment instory.			
			s, or other qu	ualifications you believe should be
nsidered in eva	luating your qualifications for	employment:		
	_	ble provided bel	OW.	
	ucational background in the ta	-		
	_	ble provided bel	ow. Diploma/ Degree	Area of Study/Major
	ucational background in the ta	Years	Diploma/	Area of Study/Major
escribe your edu	ucational background in the ta	Years	Diploma/ Degree Yes □	Area of Study/Major
escribe your edu	ucational background in the ta	Years	Diploma/ Degree	Area of Study/Major
escribe your edu	ucational background in the ta	Years	Diploma/ Degree Yes □	Area of Study/Major
escribe your edu	ucational background in the ta	Years	Diploma/ Degree Yes No Yes Yes	Area of Study/Major
escribe your edu	ucational background in the ta	Years	Diploma/ Degree Yes □ No □	Area of Study/Major
High School College/ University Graduate/	ucational background in the ta	Years	Diploma/ Degree Yes No Yes Yes	Area of Study/Major
escribe your edu High School College/ University	ucational background in the ta	Years	Diploma/ Degree Yes No Yes No No	Area of Study/Major

Trade School

Other

 $\text{Yes} \ \Box$

No \square

Yes □

No \square

Business and Professional References
List three professional references of individuals who are not related to you

Name and Title		Relationship	Phone Number	Email
		Kelationship	riione Number	Liliali
Personal Referen	505			
ist three people who l				
·		Relationship and		
Name and Title		Years Acquainted	Phone Number	Email
Is any additional info	rmation relative t ry to enable a che	_		
	e above, provide tl			
If yes to either of the		he additional informa		
If yes to either of the	u available to beg	he additional information in work?		
If yes to either of the	u available to beg	he additional information work?	ation:	
If yes to either of the On what date are you Days and hours you a	u available to beg are available to w	he additional information work?	ation:	
If yes to either of the On what date are you Days and hours you a	u available to beg are available to wo	he additional information work? ork: y Wednesd	ation: Thursda	y Friday
On what date are you Days and hours you a	u available to beg are available to we Tuesda	he additional information work? ork: y Wednesd ans of transportation	ation: Thursda	y Friday

• Are you at least 18 years old?		Yes □	No □
Note: If under 18, hire is subject to verification that yo	u are of minimum legal age.		
• If hired, can you present evidence of your identity and in this country?	d legal right to work	Yes □	No □
• Are you able to perform the essential job functions of applying with or without reasonable accommodation		Yes □	No □
Note: We comply with the ADA and consider reasonal qualified applicants/employees to perform essential jo	·	e neces	sary for
Driving Record			
Do you have a valid driver's license?		Yes □	No \square
Driver's License State and Number:			
Licenses Held			
Type:	License Number:		
Granted by (licensing board):			
Address:	Phone Number:		

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:

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.

Date: _____