

FOSTERBURG FIRE PROTECTION DISTRICT

APPLICATION FOR EMPLOYMENT

	- AN FOLIAL OF	PORTUNITY EMPLO	VER -		
Type of employment desired:	_	☐ Volunteer	TER-		
PERSONAL INFORMATION					
Name [.]					
Name: Last		First		Middle	
Address:Street		City	State	Zip	
		•		•	
Telephone Numbers: (Home)_			(Cell)		
Email:					
JOB INFORMATION					
Position(s) applied for:		Dat	e of Application:_		
Referral source: Advert	isement □ Emp	oloyee □ Relative	e □ Internet	□ Walk-In	☐ Other
Name of source (if applicable):_					
Have you ever been employed h	nere before?	☐ Yes Dates:_		_ □ No	
Are you 21 years of age or older	?	□ Yes		□ No	
Are you legally eligible for emplo (Proof that you are authorized to	•		n employment.)	□ No	
Date available for work:					
Do you have a valid driver's lice	nse? 🗌 Yes	□ No			
Class: Sta	ate:	DL #:			

EDUCATION

School	Name, City & State	Years Attended		ded	Did You Graduate?	Course of Study & Degree	
High School		1	2	3	4	☐ Yes ☐ No	
College		1	2	3	4	☐ Yes ☐ No	
Post-College		1	2	3	4	☐ Yes ☐ No	
Technical or Trade		1	2	3	4	☐ Yes ☐ No	
Other (Specify)		1	2	3	4	☐ Yes ☐ No	
Skills and Qualifications – Summarize any special training, skills, licenses, certificates and/or characteristics of yourself that may qualify you as being able to perform job-related functions for the position you are applying.							
List professional, trade, business, or civic associations and any offices held.							
Please provide any other information you think would be helpful to the District in considering you for employment, such as additional work experience, publications, activities, accomplishments, etc.							

EMPLOYMENT HISTORY

List your previous employers starting with the most recent. Explain any gaps in employment below.

Employer: Job Title: Address: City/State: Telephone: Supervisor: Reason for Leaving:		Dates Employed: From: To: □ Full Time or □ Part Time May we contact?		
Employer: Job Title: Address: City/State: Telephone: Supervisor: Reason for Leaving:		Dates Employed: From: To: Full Time or □ Part Time May we contact?		
Employer: Job Title: Address: City/State: Telephone: Supervisor: Reason for Leaving:		Dates Employed: From: To: □ Full Time or □ Part Time May we contact?		
Explanation for gaps in employment:				
MILITARY SERVICE				
Have you ever served in the U.S. Armed Forces?	☐ Yes ☐ No	Branch:		
Dates of duty (month/year): Type of Discharge:				

REFERENCES

List name and telephone number of three references who are not related to you and not previous employers.

Name	Telephone	Years Known

IMPORTANT PLEASE READ THE FOLLOWING CAREFULLY

I certify that information contained in this application is true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omission of any facts, as stated or implied, given in my application, interview(s), or other employment forms will be sufficient reason not to hire me and shall be grounds for immediate discharge if I am hired. I further understand that this application is not intended to be a contract of employment.

I authorize investigation of all statements in this application for the purpose of employment or retention of employment. This might include, but is not limited to, criminal conviction records, motor vehicle driving records, previous employment history and education verification. I understand I am not obligated to disclose expunged juvenile records of adjudication, conviction, or arrest. I hereby release from liability the Fosterburg Fire Protection District and its representatives for seeking, gathering, or using such information and all other persons, corporations, or organizations for furnishing such information.

Fosterburg Fire Protection District.	rules, policies, ordinances, and regulations of the
Signature of Applicant	Date