

Specialized Training, Trade School, etc.			
Other Education			

CERTIFICATIONS

Local, State, or National?

Year acquired

Current?

<input type="checkbox"/> Firefighter I			<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Firefighter II			<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Driver Operator			<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> EMT			<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> EMT-I			<input type="checkbox"/> Yes	<input type="checkbox"/> No
HAZWOPER	---	---	---	
<input type="checkbox"/> Awareness			<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Operations			<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Technician			<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Other			<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Other			<input type="checkbox"/> Yes	<input type="checkbox"/> No

EMPLOYMENT HISTORY

Start with your present or most recent job. Include military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected statuses.

1) Employer _____ Dates Employed: From _____ To _____
 Phone No. _____ Hourly Rate/Salary: Start _____ End _____
 Address _____ Describe work performed _____

 Job Title _____
 Reason for leaving _____

2) Employer _____ Dates Employed: From _____ To _____
 Phone No. _____ Hourly Rate/Salary: Start _____ End _____
 Address _____ Describe work performed _____

 Job Title _____
 Reason for leaving _____

3) Employer _____ Dates Employed: From _____ To _____
 Phone No. _____ Hourly Rate/Salary: Start _____ End _____
 Address _____ Describe work performed _____

 Job Title _____
 Reason for leaving _____

4) Employer _____ Dates Employed: From _____ To _____
 Phone No. _____ Hourly Rate/Salary: Start _____ End _____
 Address _____ Describe work performed _____

 Job Title _____
 Reason for leaving _____

MILITARY SERVICE

Branch of Service _____
 Start date _____ Discharge date _____
 Honorable Discharge? No Yes

REFERENCES

Please list individuals you have known for more than one year. Do not list more than one family reference.

- 1) Name _____ Phone _____
 Address _____ City _____ State _____ Zip _____
 Relationship _____ Length of relationship _____
- 2) Name _____ Phone _____
 Address _____ City _____ State _____ Zip _____
 Relationship _____ Length of relationship _____
- 3) Name _____ Phone _____
 Address _____ City _____ State _____ Zip _____
 Relationship _____ Length of relationship _____

APPLICANT STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand and acknowledge, unless otherwise defined by applicable law, that all employment relationships with the City and employee are “at will,” which means an employee may resign at any time with or without notice, and the employer may discharge an employee at any time with our without cause and with our without notice. It is further understood that this “at will” employment relationship may not be changed by any written document or by conduct unless such is specifically acknowledged in writing by an authorized executive of this organization. I also understand that if I am employed by the City, false or misleading information provided on my application or discovered during the course of an interview, may result in discharge. I further understand that if employed, I am required to abide by all rules and regulations of the City.

Applicant Signature _____ Date _____