

APPLICATION FOR EMPLOYMENT

FRY FIRE DISTRICT HEADQUARTERS

4817 S APACHE AVE
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PLEASE TYPE OR PRINT – USE INK ONLY

This form is required for employment and must be filled out completely. A resume is encouraged, however, will not be accepted in lieu of a completed application. Incomplete applications will be rejected.

Position Desired:

Name:

Address:

Apt. No.:

City/State/Zip:

Telephone – Home:

Telephone – Work:

Message Phone:

E-mail:

AVAILABILITY:

Immediate

Other (Specify)

Facsimile:

GENERAL INFORMATION

Type of work you will accept (check appropriate boxes):

Full Time:

☐ YES

Part-time:

☐ YES

Temporary:

☐ YES

Seasonal:

☐ YES

Shift Work:

☐ YES

Weekend Work:

☐ YES

Are you legally authorized to work in the USA? NOTE: Proof of authorization will be required on hiring. ☐ YES ☐ NO

Have you worked under any other name? ☐ YES ☐ NO If YES, what name

Do you possess a valid driver's license?

☐ YES

☐ NO

If YES, number:

State of issue:

Commercial driver's license class:

Endorsements:

Have you ever been discharged (fired) or resigned (quit) in lieu of discharge, except for lay off because of lack of work?

☐ YES ☐ NO

If Yes, date of termination:

Have you been convicted of a crime by a court of law within the last 10 years? (A conviction will not necessarily bar you from employment.) ☐ YES ☐ NO			
Where:		When:	
Nature of Charges:			
Disposition of Case(s):			

EDUCATION AND TRAINING

	Name of School	Diplomas/degrees/certificates/etc	Dates Attended
High School			
Colleges & Universities			
Colleges & Universities			
Technical or Trade Schools			
Training and/or Certifications			
Have you completed an apprenticeship?	☐ YES ☐ NO	Which craft(s):	

OTHER SKILLS AND QUALIFICATIONS

What office machines do you operate?			
Computer software and/or mainframe?		Typing Speed:	WPM
List any special technical or machine operation skills that you have gained from employment, training, experience as a volunteer, or through other means:			

EMPLOYMENT EXPERIENCE

Be sure to complete all sections of this application completely and accurately to the best of your ability. Your application will be used as part of the examination process and therefore, should represent your best effort. **Beginning with your present or most recent employment** and working back, list the last four positions you held. Give us a clear description of your job duties, the time spent doing that work, the equipment you used, and anything else which will help us understand the nature of your work. If more space is needed, please attach additional sheet.

A RESUME WILL NOT BE ACCEPTED IN LIEU OF COMPLETING THIS SECTION. DO NOT REFERENCE “SEE RESUME”. INCOMPLETE APPLICATIONS WILL BE REJECTED.

May inquiry be made of your present employer?	☐ YES ☐ NO
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Name & address of employing firm: Telephone:	
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Immediate supervisor:		Dates (month & year):	From	To
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Your job title:		Reason for leaving:	
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Ending salary:		Description of work:	
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Name & address of employing firm: Telephone:	
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Immediate supervisor:		Dates (month & year):	From	To
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Your job title:		Reason for leaving:	
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Ending salary:		Description of work:	
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Name & address of employing firm: Telephone:			
Immediate supervisor:		Dates (month & year):	From To
Your job title:		Reason for leaving:	
Ending salary:		Description of work:	
Name & address of employing firm: Telephone:			
Immediate supervisor:		Dates (month & year):	From To
Your job title:		Reason for leaving:	
Ending salary:		Description of work:	

PERSONAL REFERENCES				
NAME	ADDRESS	TELEPHONE	OCCUPATION	YEARS KNOWN

VETERAN'S INFORMATION

Have you served on active duty in the US military service? ☐ YES ☐ NO

If YES, provide dates of service:	Date of entry:	Date of release:	Date of retirement:
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Did you receive the Armed Forces, Marine Corps and Navy Expeditionary Medal or Southeast Asia Service Medal for opposed action of foreign soil? ☐ YES ☐ NO

If YES, where did you serve?

Have you ever used veteran's preference to obtain employment? ☐ YES ☐ NO

Proof of military service or release from active duty papers (Form DD214) must be submitted with this application.

AGREEMENT, CERTIFICATION, AND AUTHORIZATION (Please read carefully)

I authorize my current and former employer(s) to provide Fry Fire District representatives any information regarding my current and former employment. I understand that such information may or may not help my application for employment with the Fry Fire District.

I hereby release any current or former employer, its agents or employees from any and all liability resulting from the release of such information. My authorization to current or former employers to release information and my waiver of liability which are written out above are knowing, intelligent, and voluntary acts.

I understand that as a condition of employment, a background check will be conducted and I must pass a **pre-employment physical examination**. The background includes reference checks, a criminal history, and driving record check. Certain positions require drug and alcohol testing, credit checks, fingerprinting, and a psychological examination.

I understand that as a condition of employment, I must provide documentation to prove employment eligibility and personal identification as required by the Immigration Reform and Control Act of 1986.

I certify that all statements made in this application are true, complete, and correct to the best of my knowledge, and that any misrepresentation or omission shall be considered sufficient cause for employment disqualification or discharge.

Signature of Applicant:

Date of Application:

Notice: In order to be accepted for consideration, all applications must be completed, signed and dated. Incomplete applications will be rejected.