

Applicant's Name _____

Application for Employment



SUMMIT FIRE & EMS AUTHORITY

Equal Opportunity Employer

Pre-Employment Questionnaire

Personal Information

Name _____
Last First Middle

Mailing Address _____
PO Box / Street City State Zip Code

Primary Phone #: _____ Secondary Phone #: _____

Email Address: _____

Permanent Address _____
PO Box / Street City State Zip Code

Are You 18 Years Or Older? (If you are hired, you may be required to submit proof of age.) Yes No

If hired, can you furnish proof you are eligible to work in the U.S.? Yes No

Employment Desired - _____

If offered a position here, when would you be available to begin duties? _____

May we contact your Present Employer? Yes No

Have you ever applied to SFE before? Yes No If yes, when? _____

Have you ever worked for SFE Before? Yes No If yes, when? _____

If yes, Name of supervisor: _____

How did you hear about this Candidate Selection Process? Employment Agency State Employment Office
 Newspaper Ad Internet High School or College Placement Office Walk In
 Friend Other _____

Education

School Level	Name & Location	No. Of Years Attended	Diploma / Degree / Credit Hours	Subjects Studied
High School				
College				
Graduate School, Trade, Business or Special Schools Attended				

Certifications / Special Skills / Volunteering Experience

Please list certifications, special skills or volunteering experience as they relate to the position for which you are applying.

Certificates Held: _____

Special Medical Training: _____

Other Special Training: _____

Special Honors: _____

Volunteering Experience: _____

What languages do you speak fluently? _____

Service Record

Branch Of Service: _____ Discharge Date & Rank: _____

Present Membership In National Guard Or Reserves: _____ Date Obligation Ends: _____

Driver's License:

Do You Possess A Valid Driver's License? Yes No Which state? _____ Class of license: _____

Have you had your driver's license suspended, revoked or restricted in the last 3 years? Yes No

If Yes, give details _____

Have you ever been convicted of any law violation? Include any plea of "guilty" or "no contest." Yes No

Are you currently charged with or under indictment for any law violation? Yes No

(Exclude minor traffic violations.)

If yes, give details _____

(A conviction will not necessarily disqualify an applicant for employment.)

References: Give three references not related to you or former employers.

Name	Phone #	Business	Years Acquainted
1.			
Address			
2.			
Address			
3.			
Address			

Former Employers (List Below Last 3 Employers, Starting With Last One First)

Name and Address of Present or Last Employers: _____
Starting Date: Month____Year____ Leaving Date: Month____Year____ Job Title: _____
May We Contact Your Supervisor? Yes No
Name and Title of Supervisor: _____ Phone # _____
Description of Work: _____
Reason For Leaving: _____

Name and Address of Present or Last Employers: _____
Starting Date: Month____Year____ Leaving Date: Month____Year____ Job Title: _____
May We Contact Your Supervisor? Yes No
Name and Title of Supervisor: _____ Phone # _____
Description of Work: _____
Reason For Leaving: _____

Name and Address of Present or Last Employers: _____
Starting Date: Month____Year____ Leaving Date: Month____Year____ Job Title: _____
May We Contact Your Supervisor? Yes No
Name and Title of Supervisor: _____ Phone # _____
Description of Work: _____
Reason For Leaving: _____

Affidavit, Consent and Release
Please read each statement carefully before signing.

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers, and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre- employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE PRESIDENT OF THE BOARD OF THE DIRECTORS OF THE SUMMIT FIRE & EMS AUTHORITY HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE PRESIDENT AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

I have read, understand, and by my signature consent to these statements.

Signature _____ Date _____
This application for employment will remain active for a limited time. Ask the organization's representative for details.