

Applicant's Name \_\_\_\_\_

# Application for Employment



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**SUMMIT FIRE & EMS**

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: \_\_\_\_\_

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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: \_\_\_\_\_

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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.*