

Application Date ____/____/____

Rendon Fire Department

Application for Employment

Equal Opportunity Employer

Pleas Read Before Completing This Application

This Department does not discriminate in the recruitment, hiring, and condition of employment on the basis of race, color, religion, national origin, sex, marital status, disability, age or veteran status. No question on this application is intended to secure information to be used in a discriminatory manner. Your completed application will be reviewed carefully, but its receipt does not imply that you will be employed. Employment consideration necessitates that you meet all minimum qualifications required for the position for which you are applying.

(Answer all Questions Completely)

PERSONAL INFORMATION

Name: _____ Date of Birth _____
(Last) (First) (MI)

Address: _____

Social Security Number: _____ - _____ - _____ Telephone: Home: _____

Are you authorized to work in the United States **Yes / NO** Cell: _____

Other names used in prior employment: _____

Driver License Number: _____ Class _____

Position applying for: **Paramedic E.M.T. -I E.M.T. - B Cert#** _____

Full time () Part time () Shifts Available A B C Day Night

Date Available to start: _____ Would you object to attending training classes **YES / NO**

Have you previously applied for this Fire Department **YES / NO** If yes, when, _____

Have you ever pleaded guilty to, or been convicted of, a criminal offence? **YES / NO**

If yes, give dates and circumstances: _____

Have you had any moving violations in the last five years? **YES / NO**

If yes, give dates and circumstances: _____

EMPLOYMENT HISTORY INFORMATION (List all positions held and volunteer work both current and past)

Current or last Employer: _____ Employed from: _____ to _____

Street address: _____ Salary (hourly) at start _____ Finished _____

City _____ State _____ Zip _____ Telephone: _____

Name & Title of supervisor _____ Your title: _____

Description of duties: _____

Reason(s) for terminating, or considering a change: _____

May we contact this employer while we are considering your application? YES / NO

Next previous Employer: _____ Employed from: _____ to _____

Street address: _____ Salary (hourly) at start _____ Finished _____

City _____ State _____ Zip _____ Telephone: _____

Name & Title of supervisor _____ Your title: _____

Description of duties: _____

Reason(s) for terminating, or considering a change: _____

May we contact this employer while we are considering your application? YES / NO

Next previous Employer: _____ Employed from: _____ to _____

Street address: _____ Salary (hourly) at start _____ Finished _____

City _____ State _____ Zip _____ Telephone: _____

Name & Title of supervisor _____ Your title: _____

Description of duties: _____

Reason(s) for terminating, or considering a change: _____

May we contact this employer while we are considering your application? YES / NO

EDUCATION

	Print name & city of School	Dates	Type of course	Graduate	Degree
High School		From_____			
		To _____			
College		From_____			
		To _____			
Trade, or Night Class		From_____			
		To _____			
Other		From_____			
		To _____			

Are you Presently in school? YES / NO If yes, date of completion:_____

SPECIAL SKILLS or ABILITIES

List applicable professional or technical licenses / certifications relative to your ability to perform the functions of the position for which you are applying.

List awards or volunteer work relative to your ability to perform the functions of the position for which you are applying.

List equipment, machinery or special skills relative to your ability to perform the functions of the position for which you are applying. Include your skill level and / or years of experience.

HEALTH INFORMATION

If offered the position would you agree to a physical examination by a physician, clinic or other health care provider selected by this department? YES / NO

Would you agree to a pre-employment and / or post-employment drug screening by a physician, clinic or other health care provider selected by this department? YES / NO

PERSONAL REFERENCES (NOT RELATIVES OR EMPLOYER)

Name: _____ Phone Number: _____ Years Known _____

Name: _____ Phone Number: _____ Years Known _____

Name: _____ Phone Number: _____ Years Known _____

Name: _____ Phone Number: _____ Years Known _____

List relatives employed by this department and their relationship to you: _____

PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that the information provided on this application is accurate to the best of my knowledge and subject to verification by this department. I authorize this department, its affiliates and their representatives to investigate all information given and to secure additional job-related information if necessary. I authorize an investigation report to be made whereby information is obtained through personal interviews with third parties, such as family members, business associates, financial sources, friends, neighbors or other with whom I am acquainted. I understand and consent to an inquiry that may include information as to my character, general reputation, and personal characteristics, whichever may be applicable. This information may include, but is not limited to, verification of previous employment and employment references, verification of education including requests for transcripts, credit reports, motor vehicle driving records and criminal reports, etc. I hereby release from all liability or responsibility all persons, companies, organizations or corporations furnishing such information.

I understand that any misrepresentation or omission of a material fact on my application may be justification for refusal of employment, or if employed, dismissal without advanced noticed.

In the event I am employed, I understand that all employees are subject to termination at the discretion of this department. If, in the event I choose to voluntarily terminate my employment, I am free to do so at any time, and if I choose to give proper noticed of termination, the department may either allow me to continue my employment during the notice period or may accept my resignation immediately.

I understand that, in the event I am employed by this department, my compensation, hours of employment and all other terms and conditions of employment are subject to modification or change by the department at the department's discretion.

I authorized this department to supply my employment record, in whole or in part, and in confidence, to any prospective employer, government agency, or other party, with a legal and proper interest.

In the event of my employment, I will comply with all rules and regulations as set forth in the department's standard operating procedures or other communications distributed to all employees.

I also understand that my employment is conditional upon my satisfactorily passing a physical examination and / or drug screening, if on e is requested, to be given by a physician, clinic or other health care provider selected by this department at any time during my employment.

I understand that completion of this form does not guarantee me status as an applicant or any consideration for employment unless I meet all stated minimum qualifications required of the position for which I am asking to be considered.

I have read the above statements and accept them as conditions of my employment with this department.

Signature of Applicant