



APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

LAST NAME		FIRST NAME	MIDDLE NAME
ADDRESS (NO. STREET, CITY, STATE, ZIP)			
DATE OF BIRTH		DRIVER LICENSE NO.	
CELL PHONE NUMBER		CELL PHONE PROVIDER	
EMAIL ADDRESS		REFERRED BY	

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE
HIGH SCHOOL		
COLLEGE		
ACADEMY/TRADE		

GENERAL INFORMATION

FORMER EMPLOYERS				
DATE (MONTH/YEAR)		NAME & ADDRESS OF EMPLOYER	POSITION	REASON FOR LEAVING
FROM	TO			

APPLICATION FOR EMPLOYMENT

REFERENCES

NAME	ADDRESS	PHONE NO.	YEARS KNOWN

AUTHORIZATION

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS AN AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIODS OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE."

DATE _____ SIGNATURE _____

Please submit with your application a copy of your Paramedic License, FF2 or Basic FF Certificate, CPR Card, CPAT card, Driver License and Social Security Card.

DO NOT WRITE BELOW- DEPARTMENT USE ONLY

REMARKS				
PM <input type="checkbox"/> FF2 <input type="checkbox"/> CPR <input type="checkbox"/> CPAT <input type="checkbox"/> DL <input type="checkbox"/> SSC <input type="checkbox"/>				
NEATNESS			CHARACTER	
PERSONALITY			ABILITY	
HIRED	FOR DEPT	POSITION	WILL REPORT	SALARY WAGES