

Sheldon Community Fire & Rescue

APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination based on race, creed, color, gender, age, national origin, handicap, veteran status or any other legally protected status.

Date Received:

Received By:

PLEASE INDICATE POSITION APPLYING FOR HERE: *DUTY CREW*

LAST NAME	First	MIDDLE	DATE
STREET ADDRESS			HOME TELEPHONE
CITY, STATE, ZIP			BUSINESS TELEPHONE
EMAIL:			CELL/OTHER PHONE NUMBER:
SOCIAL SECURITY NUMBER:			SALARY EXPECTED: \$ _____ per _____
CHECK ALL TYPES WORK YOU WILL ACCEPT: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME			WILL YOU WORK OVERTIME IF ASKED: <input type="checkbox"/> YES <input type="checkbox"/> NO
ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO			WHEN WILL YOU BE AVAILABLE TO BEGIN WORK?
HAVE YOU EVER BEEN CONVICTED OF ANY CRIMES IN THE PAST, EXCLUDING MISDEMEANORS AND SUMMARY OFFENSES, WHICH HAVE NOT BEEN ANNULLED, EXPUNGED OR SEALED BY A COURT? (A CONVICTION IS NOT AN AUTOMATIC BAR TO EMPLOYMENT AND WILL BE A FACTOR IN THE EMPLOYMENT DECISION ONLY IF THE CRIME IS RELEVANT TO THE POSITION FOR WHICH YOU ARE APPLYING.) <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DESCRIBE IN FULL: _____			

EDUCATION, TRAINING AND SKILLS

DO YOU HAVE A HIGH SCHOOL DIPLOMA? <input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU HAVE A G.E.D.? <input type="checkbox"/> YES <input type="checkbox"/> NO	DIPLOMA OR G.E.D. CERTIFICATE RECEIVED FROM: _____		
COLLEGE, POST GRADUATE, TECHNICAL, OR VOCATIONAL SCHOOL:				
Name	Location	Course of Study	Years Completed	Degree Received
Describe any other specialized training, apprenticeships, etc.				

Applicant's Name: _____

List any foreign language(s) and check the box that best describes your skill level:				
Language:	Read and Write	Read and Speak	Read only:	Speak only:

SKILLS:
The following space is provided for other information concerning special training, interests, career goals, or any other data you wish to provide:

Software Proficiency	<input type="checkbox"/> Microsoft Word Version if known, _____ <input type="checkbox"/> Other Word Processing program, specify: _____ _____
	<input type="checkbox"/> Excel , Version if known, _____ <input type="checkbox"/> Firehouse Reporting Software _____ <input type="checkbox"/> Microsoft Office Version if known, _____
Equipment:	<input type="checkbox"/> Standard Business copier(s) <input type="checkbox"/> Calculator/ 10 Key (by touch) <input type="checkbox"/> Other Equipment, specify _____ _____
Other job related skills: _____ _____	

EMPLOYMENT HISTORY
Beginning with the most recent, list all employment for the past ten (10) years. ALL APPLICABLE BLANKS MUST BE COMPLETED.
RESUMES MAY NOT BE SUBMITTED IN PLACE OF EMPLOYMENT HISTORY, but may be attached as a supplement to your application.

If any employment was under a different name, indicate name:

Employer:	Phone:
Position held:	Employment dates:
Address:	City/State/Zip:
Supervisor Name:	Salary: \$ _____ per
Type of Business:	May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Brief description of duties:	
Reason for leaving:	

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Brief description of duties:	
Reason for leaving:	

We may contact the employers listed above unless you indicate those you do not want us to contact.

DO NOT CONTACT:

Employer Name and Number:	Reason:
Employer Name and Number:	Reason:
Employer Name and Number:	Reason:

MILITARY	Did you serve in the U. S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "yes", in which Branch?
	Describe any training received relevant to the position for which you are applying:	

PERSONAL REFERENCES

List three people whom you have known for at least three years – Do not include relatives or former employers

Full Name:	Relationship:
Address:	Phone Number:
City, State, Zip Code	
How long have you known this person:	Alt. Phone:
Full Name	Relationship:
Address	Phone Number:
City, State, Zip Code	
How long have you known this person:	Alt. Phone:
Full Name:	Relationship:
Address	Phone Number:
City, State, Zip Code	
How long have you known this person:	Alt. Phone:

Additional Information
<p>Membership in professional and civic organizations, special accomplishments, awards, etc. (Exclude those which may disclose your race, color, religion, age or national origin)</p>

OTHER
How did you learn of this job opening?

IF YOU ARE HIRED BY SHELDON COMMUNITY FIRE & RESCUE, YOU WILL BE REQUIRED TO ATTEST TO YOUR IDENTITY AND EMPLOYMENT ELIGIBILITY, AND TO PRESENT DOCUMENTS CONFIRMING YOUR IDENTITY AND EMPLOYMENT ELIGIBILITY. YOU CANNOT BE HIRED IF YOU CANNOT COMPLY WITH THESE REQUIREMENTS.

AUTHORIZATION

PLEASE READ CAREFULLY BEFORE SIGNING!

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by SHELDON COMMUNITY FIRE & RESCUE.

I understand that any employment is conditioned on a background check. I authorize SHELDON COMMUNITY FIRE & RESCUE, by signing the accompanying release form(s), to thoroughly investigate all statements contained in my application or resume, and I authorize my former employer(s) and references to disclose information regarding my former employment, character and general reputation to SHELDON COMMUNITY FIRE & RESCUE, without giving me prior notice of such disclosure. In addition, I release the SHELDON COMMUNITY FIRE & RESCUE, any former employer(s) and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation of disclosure.

I understand and agree that nothing contained in this application, or conveyed during my interview if one is held, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be “at will” and without fixed term, and may be terminated at any time, with or without cause and without prior notice and/or at the option of either myself or SHELDON COMMUNITY FIRE & RESCUE. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon SHELDON COMMUNITY FIRE & RESCUE unless made in writing and signed by all parties concerned.

If employed, I also agree to submit to a medical examination and drug test if required before starting work. If employed, I also agree to submit to a medical examination or drug test AT ANY TIME DEEMED APPROPRIATE by SHELDON COMMUNITY FIRE & RESCUE, and permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to SHELDON COMMUNITY FIRE & RESCUE the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug testing, and if I am hired, a condition of my employment will be that I abide by SHELDON COMMUNITY FIRE & RESCUE'S Drug and Alcohol Policy.

I understand that filling out this form does not obligate SHELDON FIRE & RESCUE to hire. If hired, I agree to abide by all SHELDON COMMUNITY FIRE & RESCUE work rules, policies and procedures. SHELDON COMMUNITY FIRE & RESCUE retains the right to revise its policies and/or procedures, in whole or in part, at any time.

DATE: _____

Signature: _____

SHELDON COMMUNITY FIRE & RESCUE IS AN AT-WILL-EMPLOYER. APPLICATIONS WILL BE REVIEWED BY ADMINISTRATION. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED. THE ADMINISTRATOR WILL CONTACT THE SELECTED APPLICANTS FOR INTERVIEWS. YOUR APPLICATION DOES NOT GUARANTEE ANY TYPE OF CALL BACK INTERVIEW OR ANY TYPE OF JOB OFFERING. ONLY APPLICANTS SELECTED FOR INTERVIEWS WILL BE CONTACTED.

THANK YOU FOR YOUR INTEREST IN EMPLOYMENT WITH SHELDON COMMUNITY FIRE & RESCUE.