

Pulaski County Fire Protection District #5

DBA: SHERWOOD FIRE DEPARTMENT

APPLICATION FOR EMPLOYMENT

Sherwood Fire Department is an Equal Opportunity Employer without regards to race, color, religion, creed, gender, national origin, age, disability, marital status or veteran status, or any other legally protected status.

POSITION APPLIED FOR:

GENERAL INFORMATION

DATE:

LAST NAME

FIRST

MI

ADDRESS

CITY

STATE

ZIP

IF NOT A RESIDENT OF CURRENT ADDRESS FOR 2 YEARS, WHAT IS PREVIOUS ADDRESS AND PHONE NUMBER?

ADDRESS

CITY

STATE

ZIP

HOME PHONE NUMBER

CELL PHONE NUMBER

WORK PHONE NUMBER

DRIVER'S LICENSE NUMBER

STATE

HOW DID YOU HEAR ABOUT THIS POSITION?

TYPE OF EMPLOYEMENT

[] Full-time [] Part-Time

HAVE YOU EVER BEEN CONVICTED OF A FELONY?

[] YES

[] NO

(Past criminal history does not necessarily disqualify an applicant from employment.)

If yes, please describe fully:

DATE AVAILABLE FOR WORK:

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYEMENT IN THE UNITED STATES?

[] Yes

[] No

(If offered employment, you will be required to provide documentaiton to verify eligibility)

ARE YOU AT LEAST 21 YEARS OF AGE?

[] Yes

[] No

ARE YOU CURRENTLY EMPLOYED?

[] Yes

[] No

MAY WE CONTACT YOUR CURRENT EMPLOYER?

[] Yes

[] No

DO YOU HAVE ANY FRIENDS AND/OR RELATIVES EMPLOYED WITH SHERWOOD FIRE DEPARTMENT?

[] Yes

[] No

IF YES, NAME AND RELATIONSHIP?

IN CASE OF EMERGENCY, WHO SHOULD WE CONTACT?

NAME

HOME PHONE NUMBER

CELL PHONE NUMBER

ADDRESS

RELATION

EDUCATION

SCHOOL	NAME AND CITY/STATE	COURSE OF STUDY	FROM	TO	DIPLOMA/DEGREE
HS					
College					
College					
Other					

Training/Experience

Course/School	Dates	Location	Certificate

Additional Qualifications (Summarize special job-related skills and qualifications)

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Personal References

Name	Address	Contact Number

WORK EXPERIENCE (MUST BE COMPLETED EVEN IF YOU SUBMIT A RESUME)

<u>EMPLOYER</u>	<u>DATES EMPLOYED</u> FROM TO	<u>JOB TITLE</u>
<u>ADDRESS</u>	<u>PAY RATE/SALARY</u>	<u>SUPERVISOR</u>
<u>CITY, STATE, ZIP</u>	WERE YOU TERMINATED? [] YES [] NO	
<u>PHONE NUMBER</u>	MAY WE CONTACT: [] YES [] NO	
JOB DUTIES:		

REASON FOR LEAVING:

<u>EMPLOYER</u>	<u>DATES EMPLOYED</u> FROM TO	<u>JOB TITLE</u>
<u>ADDRESS</u>	<u>PAY RATE/SALARY</u>	<u>SUPERVISOR</u>
<u>CITY, STATE, ZIP</u>	WERE YOU TERMINATED? [] YES [] NO	
<u>PHONE NUMBER</u>	MAY WE CONTACT: [] YES [] NO	
JOB DUTIES:		

REASON FOR LEAVING:

<u>EMPLOYER</u>	<u>DATES EMPLOYED</u> FROM TO	<u>JOB TITLE</u>
<u>ADDRESS</u>	<u>PAY RATE/SALARY</u>	<u>SUPERVISOR</u>
<u>CITY, STATE, ZIP</u>	WERE YOU TERMINATED? [] YES [] NO	
<u>PHONE NUMBER</u>	MAY WE CONTACT: [] YES [] NO	
JOB DUTIES:		

REASON FOR LEAVING:

PLEASE EXPLAIN ANY GAPS IN EMPLOYMENT:

APPLICANTS STATEMENT

I certify that the answers given herein, and any attached resume and/or documentation, are true and correct to the best of my knowledge. I understand that any false, misleading or incomplete information furnished by me regarding this application and any attached resume and/or documentation may result in the rejection of this application and, if employed, termination of such employment.

I understand and agree that as a condition of my employment I will conform to the Rules and Regulations, Standard Operating Procedures, and Standard Operating Guidelines of the Sherwood Fire Department.

I understand and agree that my employment with the Sherwood Fire Department is considered "at-will" and such employment can be terminated with or without cause or notice at any time at the option of the Sherwood Fire Department or myself.

I understand and agree to take any physical examination, including drug testing; all such tests will be administered in compliance with the Americans with Disabilities Act.

I hereby authorize persons, schools, companies, employers and/or their representatives, to furnish verification to the Sherwood Fire Department any and all information set forth in this application and attached resume and/or documentation. In addition, I agree to hold harmless and release from all liability any and all said persons, schools, companies, employers and/or their representatives, from any and all claims that may arise, including the Sherwood Fire Department, as a result of furnishing such information to the Sherwood Fire Department.

I authorize the Sherwood Fire Department, should they employ me, to release employment references if my employment becomes terminated for any reason.

I also authorize the Sherwood Fire Department to conduct credit, police, criminal and driving record inquiries, and/or any other employment related inquiries in compliance with the provisions of the Fair Credit Reporting Act, 15 U.S.C Section 1681, et. seq. I understand that the decision for my employment with the Sherwood Fire Department will be subject to the results of these inquiries.

I understand this application will be active until this position is filled. After such time, if I wish to be considered for employment, I must re-apply for this position.

A POST-OFFER OF EMPLOYMENT DRUG SCREEN AND BACKGROUND CHECK WILL BE CONDUCTED ON EACH APPLICANT SELECTED FOR EMPLOYMENT

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND AND AGREE WITH THE ABOVE STATEMENT

SIGNATURE OF APPLICANT

DATE