APPLICATION FOR EMPLOYMENT

(PLEASE PRINT)

Position(s) Applied For:	Date of Application:
How Did You Learn About Us? ☐ Advertisement ☐ Friend ☐ Walk-in ☐ Relative ☐ Other _____	

Last Name	First Name	Middle Name
Address Number Street	City	State Zip Code

Telephone Number(s)	Driver's License Number	Date of Birth	Social Security Number | |

Are you currently employed? ☐ Yes ☐ No

May we contact your present employer? ☐ Yes ☐ No

On what date would you be available for work? _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? ☐ Yes ☐ No

Have you ever been convicted of a felony? ☐ Yes ☐ No

If Yes, please explain _____

_____

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? ☐ Yes ☐ No

EDUCATION

	Name and Address Of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
College				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities which might benefit this Department.

_____

_____

Describe any job-related training received in the United Stated Military.

_____

_____

Employer		Dates Employed From To		Work Performed
Address				
Telephone Number		Hourly Rate/Salary Starting Final		
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed From To		Work Performed
Address				
Telephone Number		Hourly Rate/Salary Starting Final		
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed From To		Work Performed
Address				
Telephone Number		Hourly Rate/Salary Starting Final		
Job Title	Supervisor			
Reason for Leaving				

Additional Information

Summarize any special job-related skills and qualifications acquired from employment or other experience. You may include any professional, trade, business or civic activities and offices held.

_____

_____

References

1._____(____)_____
(Name) Phone #

_____
(Address)

2._____(____)_____
(Name) Phone #

_____
(Address)

The foregoing information is true and correct to the best of my knowledge.

_____ Date_____
(Signature)

Application will remain on file for one year from date of receipt.

WINFIELD FIRE PROTECTION DISTRICT

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____ do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent or attorney for the Winfield Fire Protection District or any of its agencies or departments, whether the said records are of a public, private or any confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, financial or credit institutions, including records of loans, the records of commercial or retail agencies (including credit reports and/or ratings), and other financial statements and records wherever filed, medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration, employment and pre-employment records, including background reports, any efficiency ratings, or complaints or grievances filed by or against me, and the records and recollections of attorneys-at-law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had, an interest and/or participation.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by any duly authorized agent or attorney for the Winfield Fire Protection District or any of its agencies or departments. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information, and I do hereby release said person (s) from any and all liability which may be incurred as a result of furnishing such information.

A photocopy of this release form will be as valid as an original thereof, even though the said photocopy does not contain an original writing of my signature. This release becomes invalid after one year form the date of signing. This release shall be automatically effective for an additional year from the date of any new application for employment with promotion within the Winfield Fire Protection District or any of its agencies or departments.

WITNESS:

_____

_____

NAME (Please print your name)

_____

DATE

X_____

SIGNATURE

_____

DATE OF BIRTH

_____

SOCIAL SECURITY NUMBER

_____

STREET ADDRESS

_____

CITYSTATE/ZIP CODE

_____

HOME TELEPHONE NUMBER (Include Area Code)

_____

WORK TELEPHONE NUMBER (Include Area Code)