

APPLICATION FOR EMPLOYMENT

(PLEASE PRINT)

Position(s) Applied For:	Date of Application:
Email Address:	

Last Name		First Name		Middle Name	
Address	Number	Street	City	State	Zip Code
Cell Phone Number	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 States Military.

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 from 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

CELL PHONE NUMBER (Include Area Code)