

CENTRAL FIRE PROTECTION DISTRICT #4 FULLTIME APPLICATION

Name: First	Middle	Last
Street Address/ P.O. Box	City/ Town	State/ Zip
Contact Telephone # (with Area code)		Email Address
Social Security Number		Date of Birth (mm/dd/yyyy)
Are you a citizen of the United States (circle one) Yes No		Driver's License No: Expiration Date:
Do You Have a Current Civil Service Test Score? () Yes () No		

RACE/GENDER INFORMATION

THE FEDERAL GOVERNMENT REQUIRES THAT WE REQUEST THE FOLLOWING RACE AND SEX INFORMATION FOR STATISTICAL REPORTING PURPOSES. COMPLETION OF THIS SECTION IS VOLUNTARY AND YOUR APPLICATION WILL NOT BE REJECTED IF YOU CHOOSE NOT TO PROVIDE THIS INFORMATION.

<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> WHITE <input type="checkbox"/> HISPANIC <input type="checkbox"/> AM. INDIAN <input type="checkbox"/> BLACK <input type="checkbox"/> ASIAN <input type="checkbox"/> OTHER _____
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SPECIAL INSTRUCTIONS FOR DOCUMENTS YOU MUST ATTACH

IN ACCORDANCE WITH CIVIL SERVICE LAW YOU MUST BE A CITIZEN OF THE UNITED STATES, AND OF LEGAL AGE. IN ADDITION TO THESE REQUIREMENTS, THE CENTAL FIRE DEPARTMENT HAS ADOPTED ITS OWN REQUIREMENTS FOR ITS COMPETITIVE CLASSES. THEREFOR, YOU MUST ATTACH THE NECESSARY DOCUMENTATION TO VERIFY THAT YOU MEET ALL THE REQUIREMENTS. YOU MUST ATTACH A COPY OF THE FOLLOWING DOCUMENTS:

- PROOF THAT YOU ARE A CITIZEN OF THE UNITED STATES (BIRTH CERTIFICATE, US PASSSPORT)**
- PROOF THAT YOU MEET THE AGE REQUIREMENT (BIRTH CERTIFICATE)**
- PROOF THAT YOU HAVE A VALID DRIVERS'S LICENSE**
- PROOF THAT YOU HAVE A CURRENT CIVIL SERVICE TEST SCORE (ATTACH A COPY OF VERIFICATION LETTER FROM THE STATE EXAMINER)**
- PROOF THAT YOU MEET ALL OTHER REQUIREMENTS AS POSTED BY THE CIVIL SERVICE BOARD**

AUTHORITY FOR RELEASE OF INFORMATION

I have completed this application with the knowledge and understanding that any or all items contained herein may be subject to investigation prescribed by law, and I consent to the release of information concerning my capacity and fitness by employers, educational institutions, law enforcement agencies, and other individuals and agencies, to duly accredited investigators, and other authorized employees of the government for that purpose.

I certify that the answers I have given to all questions in this application are true to the best of my knowledge. I know that any misrepresentation herein may cause my application to be rejected and/ or may subject me to dismissal from employment.

Date:	Signature of Applicant
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BACKGROUND INFORMATION

1. Within the Past 5 years, have you been terminated, or resigned in lieu of termination, from any position for reasons other than a reduction in force? Yes No
2. Have you ever been convicted of a felony? Yes No
3. Have you been convicted of a misdemeanor during the last 3 years? Yes No

NOTE: If you answered "yes" to either of the above questions, provide an explanation in the block below. A conviction will not necessarily disqualify you from the job for which you are applying. A conviction will be judged on its own merits with respect to time, circumstances, and seriousness.

EXPLANATION:

TRAINING/ EDUCATION

HIGH SCHOOL	Name and address of High School issuing Diploma or of State Department of Education issuing GED or Equivalency Certificate: Date Received:				
College	Years Attended	Credit Hours	Degree(s) Received	Date of Degree	Major

Formal Training Business, Trade, Military. ETC...	Location	Dates	Did you graduate?	No. of hours per week

SPECIAL QUALIFYING EXPERIENCE, CERTIFICATIONS, OR LICENSES

List any licenses or certifications that are relevant to the job for which you are applying.			
	# 1	#2	# 3
Type of Certification			
Name of Agency issuing certification			
Date certification acquired			
Expiration Date, if applicable			

INCLUDE CURRENT COPIES OF CPR, EMT, DRIVERS LICENSE OR OTHER TRAINING CERTIFICATIONS

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WORK EXPERIENCE

Start with your present of most recent position and work back, including any military experience. Use separate blocks if you were promoted or your duties changed materially while working for the same employer. Treat each change as a separate position. For volunteer experience, use work experience locks and disregard reference to salary. It is to your advantage to completely describe your duties in each position, placing particular emphasis on duties, tasks performed, and responsibilities.

Name and complete address of employer		Type of Business		
Telephone #		Title of Your Position		
Dates of Employment	Was this Full- Time	Hours/ Shifts worked per week	Beginning Salary	Ending Salary
Name and Title of Immediate Supervisor			Number / Title of Employees you supervised	

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Name and Title of Immediate Supervisor			Number / Title of Employees you supervised	

*** An attached resume may be used to replace this section.**

***Applications for Firefighter / Operator may be submitted electronically; however, the applicant must confirm that the application has been received with all proper supporting documents attached. Central Fire Protection District # 4 is not responsible for applications or documents that fail to arrive via electronic submission.*