

**AN EQUAL OPPORTUNITY EMPLOYER
M,F,V PERSONS WITH DISABILITIES**

Driver's License #: _____ State: _____

CDL#: _____ State: _____

PROFESSIONAL CERTIFICATE / LICENSE
(if required by job) _____ State: _____

EMPLOYMENT HISTORY
(present only)

BUSINESS NAME: _____

BUSINESS ADDRESS: _____
Street City State Zip Code

SALARY: (Only if applying for position - Part-time/Paid) _____

WORK DATES FROM: ____/____/____ TO: ____/____/____

REASON FOR LEAVING: _____

SUPERVISOR NAME: _____

Describe the work you did: _____

PERSONAL REFERENCES (Not Former Employers or Relatives)

Name & Occupation	Address	Phone #
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I give my right to my employer, persons, references, organizations, and previous employers to provide any relevant information that may be required to arrive at an employment decision.

Signature: _____

If there is a particular employer(s), reference, or organization, you do not wish us to contact, please indicate which one(s):

List special accomplishments, publications, awards: (Exclude information which would reveal sex, race, religion, national origin, age, ancestry, disability / other protected status).

List any additional information you would like us to consider, such as related seminars, courses, or workshops you have attended.

It is understood and agreed that any misrepresentation or omission of material information by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. Furthermore, I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

The Employer is an equal opportunity employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

This application, upon completion, shall be valid no longer than six (6) months. The use of this application does not indicate that there are any positions available and in no way obligates Johnsonville Fire District.

It is Johnsonville Fire District's policy not to employ individuals who use any illegal drugs, or prescription drugs, without a medical prescription, in any amount and regardless of frequency or occasion. To ensure that this policy is enforced, and if I am considered for a job offer, I agree that while employed by Johnsonville Fire District, I will consent to drug and alcohol testing accordance with the District policy. In addition to the drug screening test, I may be required to submit to a physical examination to determine my fitness for the work to be performed and to receive required immunizations.

I also understand, agree, and hereby authorize a background investigation to be conducted as part of the application process for positions applied for.

Signature of Applicant: _____ Date: _____

FOR DEPARTMENT USE ONLY

TO THE OFFICE OF THE FIRE CHIEF

The application of _____ has been received on
(Name of Applicant)

_____/_____/_____. The Membership Committee of the Johnsonville Fire District
(date)

have reviewed this application to ensure that the applicant's qualifications meet the specified requirements of the position. After reviewing this application we have made the following determination.

The applicant's qualifications meet the basic requirements of the position and this applications has been forwarded to the office of the Fire Chief for consideration.

The applicant's qualifications are not as well suited to the needs of this position as are those of other applicants; therefore, this application should not be considered at this time.

Membership Committee Member

Membership Committee Member

Membership Committee Member

Membership Committee Member

Date