

FENTON FIRE PROTECTION DISTRICT

Application for Employment

State and federal laws prohibit discrimination due to race, national origin, age, sex, religion or disability.

PERSONAL

Name _____ Last First Middle	Application Date _____
Present Address _____	State _____ Zip _____
Home Phone Number _____	Alternate Phone Number _____
Position Applied For _____	
Have you ever applied for employment with us? ____Yes ____No If Yes: Month and Year	
Do you have any commitments to another employer that might affect employment with this department? _____ Yes _____No Explain _____	
What date would you be available to begin work? _____	
Are you capable of performing the necessary assignments of the position in a safe manor? ____Yes ____No	
Ethnic Background _____Caucasian _____Asian _____Hispanic _____Multi-Racial _____African-American _____Other	

EDUCATION

School Added	Name and Location of School	Graduated Yes/No	Major Subject of Study
High School			
College			
Graduate School			
Other			

EMPLOYMENT

ONE		Telephone Number ()
	Company Name	Employed (month and year) From To
	Address	
	Name of Supervisor	Weekly Pay \$ Start Last
	Job Title	Reason for Leaving
	Describe Work	
	TWO	
Company Name		Employed (month and year) From To
Address		
Name of Supervisor		Weekly Pay \$ Start Last
Job Title		Reason for Leaving
Describe Work		
THREE		
	Company Name	Employed (month and year) From To
	Address	
	Name of Supervisor	Weekly Pay \$ Start Last
	Job Title	Reason for Leaving
	Describe Work	

FOUR		Telephone Number ()
	Company Name	Employed (month and year) From To
	Address	
	Name of Supervisor	Weekly Pay \$ Start Last
	Job Title	Reason for Leaving
	Describe Work	

We may contact the employers listed above unless you indicate those you do not want us to contact.

Do Not Contact: Employer Number(s) _____ Reason _____

REFERENCES

Name	Address	Telephone	Occupation	Years Known

MILITARY

Complete this section if you served in the U.S. Armed Forces	Branch of Service
Describe your duties and any job-related training you received:	Period of Active Duty (month and year) From To
	Rank at Discharge
	Date of Final Discharge

I authorize investigation of all statements contained in this application and resume. I understand the misrepresentation or omission of facts called for is cause for disqualification or dismissal. I hereby release employers, schools, law enforcement agencies, and persons from all liability for any damage whatsoever that may ensue from furnishing the same to the Fenton Fire Protection District.

DATE: _____

SIGNATURE: _____