



UNIFIED FIRE AUTHORITY

EMPLOYMENT APPLICATION

USE TYPEWRITER OR PRINT CLEARLY IN INK
A SEPARATE APPLICATION IS REQUIRED FOR EACH POSITION

TITLE OF POSITION APPLIED FOR: _____

NAME: _____
LAST NAME FIRST NAME SOCIAL SECURITY NUMBER (OPTIONAL, NOT REQUIRED)

PHONE: (_____) _____ E-MAIL ADDRESS: _____
AREA CODE HOME PHONE WORK PHONE

ADDRESS: _____
STREET ADDRESS APT # CITY STATE ZIP CODE

TYPE OF EMPLOYMENT DESIRED: FULL TIME PART TIME TEMPORARY ROTATING SHIFT

DO YOU CLAIM VETERAN'S PREFERENCE? YES NO (If yes, you must provide a copy of your DD214 Form)

EDUCATION (SUBMIT COPIES OF COLLEGE OR UNIVERSITY TRANSCRIPTS WITH YOUR APPLICATION IF YOU WISH TO RECEIVE CREDIT FOR YOUR EDUCATION).

COLLEGE, BUSINESS, OR TECHNICAL COLLEGE LOCATION	OFFICAL MAJOR	QTR HRS	SEM HRS	DEGREE	TYPE OF DEGREE
				YES <input type="checkbox"/> NO <input type="checkbox"/>	
				YES <input type="checkbox"/> NO <input type="checkbox"/>	
				YES <input type="checkbox"/> NO <input type="checkbox"/>	
TRADE SCHOOL, CORRESPOND OR APPRENTICE LOCATION	SUBJECT OR FIELD	# OF MONTHS	TOTAL ACTUAL HOURS	COURSE COMPLETED	TYPE OF CERTIFICATION
				YES <input type="checkbox"/> NO <input type="checkbox"/>	
				YES <input type="checkbox"/> NO <input type="checkbox"/>	

PROFESSIONAL OR TRADE LICENSE, CERTIFICATES OR REGISTRATIONS _____

LIST ANY LANGUAGES OTHER THAN ENGLISH IN WHICH YOU ARE FLUENT _____

EXPERIENCE (LIST MOST RECENT JOB FIRST)

EMPLOYER NAME/ADDRESS	FULL TIME <input type="checkbox"/>	HOURS WORKED PER WEEK
PHONE NUMBER	JOB TITLE	PART TIME <input type="checkbox"/>
DUTIES	VOLUNTEER <input type="checkbox"/>	DATES (MO/YR)
	APPRENTICE-SHIP <input type="checkbox"/>	FROM:
	INTERNSHIP <input type="checkbox"/>	TO:
	SUPERVISOR'S NAME	
	SUPERVISOR'S TITLE	

EXPERIENCE (CONTINUED)

EMPLOYER NAME/ADDRESS		FULL TIME <input type="checkbox"/>	HOURS WORKED PER WEEK
PHONE NUMBER	JOB TITLE	PART TIME <input type="checkbox"/>	
DUTIES		VOLUNTEER <input type="checkbox"/>	
		APPRENTICE-SHIP <input type="checkbox"/>	FROM:
		INTERNSHIP <input type="checkbox"/>	TO:
		SUPERVISOR'S NAME	
		SUPERVISOR'S TITLE	

EMPLOYER NAME/ADDRESS		FULL TIME <input type="checkbox"/>	HOURS WORKED PER WEEK
PHONE NUMBER	JOB TITLE	PART TIME <input type="checkbox"/>	
DUTIES		VOLUNTEER <input type="checkbox"/>	
		APPRENTICE-SHIP <input type="checkbox"/>	FROM:
		INTERNSHIP <input type="checkbox"/>	TO:
		SUPERVISOR'S NAME	
		SUPERVISOR'S TITLE	

EMPLOYER NAME/ADDRESS		FULL TIME <input type="checkbox"/>	HOURS WORKED PER WEEK
PHONE NUMBER	JOB TITLE	PART TIME <input type="checkbox"/>	
DUTIES		VOLUNTEER <input type="checkbox"/>	
		APPRENTICE-SHIP <input type="checkbox"/>	FROM:
		INTERNSHIP <input type="checkbox"/>	TO:
		SUPERVISOR'S NAME	
		SUPERVISOR'S TITLE	

EMPLOYER NAME/ADDRESS		FULL TIME <input type="checkbox"/>	HOURS WORKED PER WEEK
PHONE NUMBER	JOB TITLE	PART TIME <input type="checkbox"/>	
DUTIES		VOLUNTEER <input type="checkbox"/>	
		APPRENTICE-SHIP <input type="checkbox"/>	FROM:
		INTERNSHIP <input type="checkbox"/>	TO:
		SUPERVISOR'S NAME	
		SUPERVISOR'S TITLE	

By making this application, I hereby authorize any previous employers to give and release to the Unified Fire Authority any and all information of whatever kind in either written or verbal form which relates to my ability to perform the duties of the position for which I am applying. Any or all previous employers may be contacted. I release the Unified Fire Authority of any liability for the use of this information in considering and reviewing my application for the available position.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE, AND THAT ANY MISSTATEMENT OR OMISSION OF MATERIAL FACTS MAY SUBJECT ME TO DISQUALIFICATION OR DISMISSAL.

SIGNATURE (FIRST INITIAL ONLY)

DATE