

# APPLICATION FOR EMPLOYMENT

## Mid-Columbia Fire and Rescue

### Division Chief – Operations

**INSTRUCTIONS:** Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. **PLEASE PRINT or TYPE**, except for signature on the last page of the application. All information you give on this application will be held in strict confidence.

**NOTE: Application will be rejected if not signed.**

#### PERSONAL DATA

Last Name	First Name	Middle Name	
Present Street Address	City	State	Zip
Primary Phone Number	Secondary Phone Number	Social Security Number	
E-mail Address			
When are you available for employment?			
Are you between 18 and 70 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Would you take a physical examination if it were required for the job for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No			

#### GENERAL INFORMATION

Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Driver's License Number: _____	State: _____
Emergency Medical Technician Level: _____	
Fire Instructor Level: _____	
Have you ever been convicted of or pleaded no contest to a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain: _____	
Are you currently OR expecting to be engaged in any other business or employment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain: _____	

## EDUCATION

<b>High School</b>	<b>Highest grade completed</b>	<b>Did you graduate?</b>
Institution Name/ City, State		

Yes  No

<b>College or University</b>	<b>Highest level completed</b>	<b>Did you graduate?</b>
Institution Name/ City, State		

Yes  No

Major/Degree:

Yes  No

Major/Degree:

Yes  No

Major/Degree:

<b>Additional Educational/Vocational/Technical Training</b>	<b>Did you complete coursework?</b>
Institution Name/ City, State	

Yes  No

Coursework:

Yes  No

Coursework:

Yes  No

Coursework:

## EMPLOYMENT HISTORY

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. If you worked in any position under another name, please give name(s). **Please indicate month and year of employment.**

Name of Employer:	Employed from:	MO/YR.	MO/YR.	to
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Address:

Supervisor:

Telephone number:

Your Position Title:

Beginning Salary:

Final Salary:

Duties:

Reason for leaving:

### EMPLOYMENT HISTORY (continued)

Name of Employer:		Employed from:	MO/YR.	to	MO/YR.
Address:					
Supervisor:		Telephone number:			
Your Position Title:		Beginning Salary:		Final Salary:	
Duties:					
Reason for leaving:					
Name of Employer:		Employed from:	MO/YR.	to	MO/YR.
Address:					
Supervisor:		Telephone number:			
Your Position Title:		Beginning Salary:		Final Salary:	
Duties:					
Reason for leaving:					
Name of Employer:		Employed from:	MO/YR.	to	MO/YR.
Address:					
Supervisor:		Telephone number:			
Your Position Title:		Beginning Salary:		Final Salary:	
Duties:					
Reason for leaving:					

**REFERENCES**

Give three references (exclude relatives and former employers).

Name:	Occupation:	Telephone:
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Address:

Name:	Occupation:	Telephone:
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Address:

Name:	Occupation:	Telephone:
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Address:

I certify the information in this application and attachments are true and complete to the best of my knowledge. I am aware that any falsification, misrepresentation, or omission may result in my disqualification for employment or discharge from employment. I authorize my present and previous employers to release information regarding my job performance. I also authorize the hiring agency to obtain information of any past criminal activities through a police background investigation. I hereby waive my rights to claims or damages against any employer, police agency and the hiring agency, its officers, agents and employees, in regard to this exchange of information concerning my past history and employment.

Signature

\_\_\_\_\_ Date