

Application for Employment

For Fire and EMS Department Only

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, presence of a non-job-related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)

Position(s) applied for:			Date of Application:			
How did you learn about us?						
<input type="checkbox"/> Advertisement		<input type="checkbox"/> Friend		<input type="checkbox"/> Walk-In		
<input type="checkbox"/> Employment Agency		<input type="checkbox"/> Relative		<input type="checkbox"/> Other _____		
Last Name		First Name		Middle Name		
Address		Number	Street	City	State	Zip Code
Home phone _____			Social Security Number			
Cell/other phone _____						
If necessary, best time to call _____ home/cell						

If you are under the age of 18 years, can you provide required proof of eligibility to work? _ Yes _ No

Have you ever filed an application with us before? _ Yes _ No
 If Yes, when _____

Have you ever been employed with us before? _ Yes _ No
 If Yes, give date _____

Are you currently employed? _ Yes _ No

May we contact your present employer? _ Yes _ No

Are you prevented from lawfully becoming employed in this Country because of Visa or Immigration Status? _ Yes _ No
 Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

If they have been explained to you, are you able to meet the attendance requirements of the position? ____Yes ____No

Are you currently on “lay off” status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you been convicted of a felony within the last 7 years? Yes No
 Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain _____

Education

	Elementary School					High School				Undergraduate College/University				Graduate/Professional			
School Name and Location																	
Years Completed	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree																	
Describe Course of Study																	
Describe any specialized training, apprenticeship, skills, and extra-curricular activities																	
Describe any honors you received																	
State any additional information you feel may be helpful to us in considering your application																	

Indicate any foreign languages you can speak, read and/or write.

	Fluent	Good	Fair
Speak			
Read			
Write			

List professional, trade, business, or civic activities and offices held

You may exclude memberships which would reveal sex, race, national origin, age, ancestry, or handicap or other protected status.

References

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. _____

2. _____

3. _____

Have you ever had any job-related training in the United States Military?

Yes No

If Yes, please describe _____

Are you physically or otherwise unable to perform the duties of the job for which you are applying?

Yes No

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Driver's license number is required for the EMT/Firefighter position

_____ State _____

PLEASE ATTACH A COPY OF YOUR CURRENT WI EMT LICENSE OR EQUIVALENT IF APPLICABLE

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, sex, color, religion, national origin, handicap or other protected status.

1. Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reasons for Leaving				
2. Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reasons for Leaving				
3. Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reasons for Leaving				

If you need additional space, please continue on a separate sheet of paper.

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not application applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise notified defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without a cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given under my application or interview(s) may result in discharge. I understand also that I am required to abide by any rules and regulations of the employer.

Signature of Applicant

Date

It is Prescott Area Fire and Ambulance Association's policy that applications remain active for six months. A new application must be completed after six months. A resume may be submitted for additional information but will not be accepted in place of a completed application.

Prescott Area Fire and Ambulance Association

Reference Check Release Authorization

Please note that in connection with your application for employment and/or ongoing employment with the Prescott Area Fire and Ambulance Association, we may obtain criminal background checks and motor vehicle reports.

I, (please print full name) _____, hereby authorize Association personnel to conduct a background check and an investigation of any information contained in the Application for Employment and/or supplemental materials I have submitted in consideration for the position of _____, as may be needed to arrive at an employment decision. I authorize any or all educational institutions and prior employers listed in the Application for Employment to provide information they may have concerning me as it may relate to consideration of my application for this position. I release those parties from any and all liability or claims for damage that may result from such.

Applicant's Signature

Date

Applicant's birth date

Applicant's social security number