



## Weed Fire Department Employment Application

*Review the entire application before you begin. Legibility, accuracy, organization, and completeness are important.*

Last Name	First Name	Middle Initial
Address and telephone numbers where you can be contacted:		

Job Applied For: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Are You Seeking:  Full Time  Part Time  Temporary  or Summer Employment?

When are you available for employment? \_\_\_\_\_

What shifts are you available to work?  Day  Swing  Night  Any

How did you hear about position?  Internet  Paper  Friend  Other: \_\_\_\_\_

If you are under 18, and it is required, can you furnish a work permit?  Yes  No

If no, please explain \_\_\_\_\_

Are you legally eligible for employment in this country?  Yes  No

Do you have a valid driver's license?  Yes  No Driver's License#: \_\_\_\_\_ State: \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor?\*  Yes  No

\*If yes, please provide dates and details \_\_\_\_\_

### Education

List any education (including degree, school, city, and state) you completed that you believe qualifies you for the job for which you are applying.


## **Training**

Please describe any training you have received that is relevant to the job for which you are applying. (For example: On-the-job safety training, military training, production training, computer training, etc.)  
Be specific.

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## **Special Skills**

Do you have any special skills or experiences that are relevant to the job for which you are applying? (For example: Experience operating equipment related to the job, computer skills, typing speed, telephone reception, customer service, etc.)  
Be specific.

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## **Computer Skills**

Please describe any computer skills that are relevant to the job for which you are applying. Include software titles and years of experience. (For example: Word Processing, Spreadsheets, etc.) Be specific.

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Have you ever worked for this company before?  Yes  No      If yes, when? \_\_\_\_\_

In what position (s)? \_\_\_\_\_

## Work Experience

Please list your work experience beginning with your most recent job held. If you were self-employed, give company name.

Employer:  Address:  Phone:	Name of Last Supervisor	Employment Dates	
		From	To
	Your Last Job Title		
Reason for Leaving			
<p>List the jobs you held, duties performed, skills used or learned and advancements or promotions while you worked at this company.</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			
<p>May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No, because (Please state reason)</p>			

Employer:  Address:  Phone:	Name of Last Supervisor	Employment Dates	
		From	To
	Your Last Job Title		
Reason for Leaving			
<p>List the jobs you held, duties performed, skills used or learned and advancements or promotions while you worked at this company.</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			

Employer:  Address:  Phone:	Name of Last Supervisor	Employment Dates	
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	Your Last Job Title		
Reason for Leaving			
<p>List the jobs you held, duties performed, skills used or learned and advancements or promotions while you worked at this company.</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			

### References

Please list three references that can provide us with information about your qualifications to perform the job for which you are applying. Business or job-related references are preferable.

Name	Address	Telephone Number	Occupation

### Certification

My signature below certifies that all information in this application is correct and complete to the best of my knowledge and belief and that I understand that providing false, inaccurate, incomplete or misleading information will result in refusal of employment or termination of employment if discovered after date of hire. I acknowledge that the company will verify the accuracy and completeness of the information I have provided and I authorize each employer, school, or person I have named (or their representatives or agents) to provide information in accordance with this release from all liability for any damages that may result from furnishing information to the company. I understand that if I am employed, I must conform to the company's rules and regulations and that my employment is based on company policy.

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Applicant's Signature

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Date

*Equal Opportunity Employer/Program.  
Auxiliary aids and services are available upon request to individuals with disabilities*