



APPLICATION FOR EMPLOYMENT

**The City of Warr Acres
Fire Department**
5930 N. W. 49th Street,
Warr Acres, OK 73122

LAST NAME		FIRST NAME		MIDDLE NAME		SOCIAL SECURITY NUMBER	
ADDRESS			CITY		STATE	ZIP CODE	TELEPHONE (home)
ALTERNATE CONTACT NAME						TELEPHONE (cellular or other)	
ARE YOU PRESENTLY EMPLOYED BY THE CITY OF WARR ACRES? <input type="checkbox"/> YES <input type="checkbox"/> NO			HAVE YOU EVER BEEN EMPLOYED BY THE CITY OF WARR ACRES? <input type="checkbox"/> YES <input type="checkbox"/> NO			IF YES, WHERE AND WHEN?	
ARE YOU UNDER 18 YEARS OF AGE? <input type="checkbox"/> YES <input type="checkbox"/> NO			HOW DID YOU LEARN ABOUT THE JOB FOR WHICH YOU ARE APPLYING? <input type="checkbox"/> FRIEND/FAMILY <input type="checkbox"/> CITY'S WEB SITE <input type="checkbox"/> SOCIAL MEDIA <input type="checkbox"/> OTHER _____				
ARE YOU A CITIZEN OF THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO			IF NOT DO YOU HAVE A LEGAL RIGHT TO LIVE AND WORK IN THE U. S.? <input type="checkbox"/> YES <input type="checkbox"/> NO			HAVE YOU FILED A DECLARATION OF INTENT TO BECOME A CITIZEN OF THE U. S.? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DRIVER'S LICENSE NUMBER			TYPE OF LICENSE			STATE	
MILITARY SERVICE <input type="checkbox"/> YES <input type="checkbox"/> NO			DATE ENTERED			DATE SEPARATED	
TYPE OF MILITARY TRAINING							

EDUCATION: DESCRIBE BELOW ANY EDUCATION OR TRAINING YOU HAVE RECEIVED WHICH WOULD QUALIFY YOU FOR THE JOB FOR WHICH YOU ARE APPLYING. (TRANSCRIPTS MAY BE REQUIRED LATER).

NAME OF SCHOOL	LOCATION	AREAS OF STUDY	NUMBER OF COLLEGE HRS.	TYPE OF DEGREE

EXPERIENCE: MUST BE COMPLETED BY ALL APPLICANTS (CURRENT OR LAST EMPLOYER FIRST).

COMPANY NAME AND ADDRESS		JOB TITLE	
DESCRIPTION OF WORK PERFORMED		FROM: MONTH/YR	TO: MONTH/YR
YOUR SUPERVISOR'S NAME & TELEPHONE		STARTING SALARY	ENDING SALARY
NO. & TYPE OF EMPLOYEES YOU SUPERVISED		REASON FOR LEAVING	

COMPANY NAME AND ADDRESS		JOB TITLE	
DESCRIPTION OF WORK PERFORMED		FROM: MONTH/YR	TO: MONTH/YR
YOUR SUPERVISOR'S NAME & TELEPHONE		STARTING SALARY	ENDING SALARY
NO. & TYPE OF EMPLOYEES YOU SUPERVISED		REASON FOR LEAVING	

SPECIAL LICENSES (ie., EMT, AEMT, HAZ MAT OPS), SUMMARY OF OTHER WORK EXPERIENCE, SPECIAL SKILLS, EQUIPMENT YOU CAN OPERATE, ETC.

APPLICATION REQUIREMENTS:

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY, INITIAL EACH ITEM ON THE LINE PROVIDED, THEN SIGN AND DATE BELOW.

APPLICANT MUST INITIAL EACH BLANK

- _____ **LICENSE:** Must possess a valid State of Oklahoma driver's license at time of employment.
- _____ **EMERGENCY MEDICAL TECHNICIAN BASIC:** Firefighter recruits will be required to possess an Oklahoma Emergency Medical Technician License prior to completion of the Recruit's first year of service. You must also maintain your EMT license in accordance with the Collective Bargaining Agreement.
- _____ **NO TOBACCO REQUIREMENTS:** All applicants shall agree not to smoke or use any type of substance on duty while serving their required probationary period. Violations of these requirements may result in termination.
- _____ **ACCURACY OF INFORMATION:** Please review each page to make sure all parts are correct and complete I understand that my eligibility will be based on the information contained on this application.
- _____ **FALSIFICATION OF INFORMATION:** I hereby certify that all statements made on this application are true and correct and I understand that any false statement made by me on this application could cause me to be ineligible for employment or terminated from employment.
- _____ **VERIFICATION OF INFORMATION:** I authorize the City of WARR ACRES to investigate and verify the facts claimed by me on this application. I further authorize my former employer to provide any information requested by the City of WARR ACRES.
- _____ **I UNDERSTAND:** that I must report to the designated facility by the appointed time for each phase of the testing process, or I will automatically be disqualified from the testing process.

SIGNATURE _____ DATE _____

APPLICATIONS CANNOT BE MAILED IN; THEY MUST BE RETURNED BY HAND BY YOU OR A DESIGNATED PERSON TO WARR ACRES CITY HALL, 5930 N. W. 49TH Street, Warr Acres, Oklahoma 73122 - NO LATER THAN JULY 28, 2018 at 1700 hours