



# Application for Employment

## East Jefferson Fire Rescue (WA)

### Single-Role EMT/PM

**Instructions:** Each question should be answered fully and accurately. 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.

#### Personal Data

Last Name				First Name				Middle Name							
Current Mailing Address				City				State				Zip			
Primary Phone Number				Secondary Phone Number				Social Security Number							
Email Address															

When are you available for employment?

Are you between 18 and 70 years old?  Yes  No

Would you take a physical examination if it were required for the job for which you are applying?  Yes  No

#### General Information

Do you have a valid Driver's License?  Yes  No

Driver's License Number:

State:

Emergency Medical Technician Rating:

| State:

| Expiration Date:

Have you ever been convicted of or pleaded no contest to a felony?

Yes  No  If yes, please explain:

Are you currently OR expecting to be engaged in any other business or employment?  Yes  No

If yes, please explain:



Education			
<b>High School</b>		<b>Highest Level Completed</b>	<b>Did you graduate?</b>
Institution Name / City, State			
<b>College or University</b>		<b>Highest Level Completed</b>	<b>Did you graduate?</b>
Institution Name / City, State			
Major/Degree:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Major/Degree:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Major/Degree:			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Additional Educational/Vocational/Technical Training</b>			<b>Did you complete coursework</b>
Institution Name / City, State			
Coursework:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Coursework:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Coursework:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Employment History			
<p>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). <b>Please indicate month and year of employment.</b></p>			
Name of Employer:			Employed from:
			to
			MO/YR                      MO/YR
Address:			
Supervisor:		Telephone Number:	
Your Position Title:		Beginning Salary:	Ending Salary:
Duties:			
Reason for Leaving:			



### Employment History (continued)

Name of Employer:		Employed from: to	
Address:		MO/YR	MO/YR
Supervisor:	Telephone Number:		
Your Position Title:	Beginning Salary:	Ending Salary:	
Duties:			
Reason for Leaving:			
Name of Employer:		Employed from: to	
Address:		MO/YR	MO/YR
Supervisor:	Telephone Number:		
Your Position Title:	Beginning Salary:	Ending Salary:	
Duties:			
Reason for Leaving:			
Name of Employer:		Employed from: to	
Address:		MO/YR	MO/YR
Supervisor:	Telephone Number:		
Your Position Title:	Beginning Salary:	Ending Salary:	
Duties:			
Reason for Leaving:			



### References

Give three references (exclude relatives and former employers).

Name:	Occupation:	Telephone:
Address:		
Name:	Occupation:	Telephone:
Address:		
Name:	Occupation:	Telephone:
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

