



Application for Employment (Secretary) (Please Print)

Address – Number Street City State Zip Code

Telephone Number(s)

I am a Citizen of the United States of America () Yes () No

If (No), Are you legally eligible for employment in this country () Yes () No

(Proof of U.S. Citizenship or immigration status will be required upon employment)

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	Address
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Dates Attended	to
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High School	Address
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Dates Attended	to	Graduated <input type="checkbox"/> Yes, When	<input type="checkbox"/> No
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Date of successful completion of Equivalence Test			
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College	Address
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Dates Attended	to	Graduated <input type="checkbox"/> Yes, When	<input type="checkbox"/> No
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Degree Received	Major
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Other	Address
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Dates Attended	to	Graduated <input type="checkbox"/> Yes, When <input type="checkbox"/> No
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Degree Received	Major
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Optional – Describe any specialized training, job related, apprenticeship, skills and extra curricular activities received in with/or in conjunction with the above Education history.

EMPLOYMENT EXPERIENCE

List your complete work history, use a separate sheet of paper if necessary. Start listing with your current employer and work backwards.

May we contact your current employer () Yes () No

1) Employer Name & Address

Telephone Number(s)

Supervisor	From To	Position	Reason for Leaving
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2) Employer Name & Address

Telephone Number(s)

Supervisor	From To	Position	Reason for Leaving
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3) Employer Name & Address

Telephone Number(s)

Supervisor	From To	Position	Reason for Leaving
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4) Employer Name & Address

Telephone Number(s)

Supervisor	From To	Position	Reason for Leaving
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Optional – State any additional information you feel may be helpful to us in considering your application (Example: Computer skills – software knowledge, etc.)

REFERENCES

Name & Address	Telephone Number(s)
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Name & Address	Telephone Number(s)
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Name & Address	Telephone Number(s)
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Name & Address	Telephone Number(s)
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All applicants are to read and certify their understanding of the following paragraphs and the statements on this application by their signature.

I hereby certify all statements, representations, additional listings and answers to questions are complete, accurate and contain no misrepresentations or falsifications. It is understood and agreed upon that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed.

The employer is an Equal Opportunity Employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.

It is understood it is the Fire District's policy not to refuse to hire a qualified individual with a disability because of the person's need for an accommodation that would be required by the ADA (Americans with Disabilities Act).

I give the employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organization for furnishing such information.

I agree, if employed to submit to medical examination including substance abuse test and/or any psychological evaluation, as directed by the Florissant Valley Fire Protection District.

I am in possession of a valid state motor vehicle operator's license for the State of Missouri.

I give the employer the right to obtain a copy of my Police Background Investigation Report.

Signature of Applicant _____ Date _____