

City of Nolanville

Nolanville Fire Department



Application for Employment

Our policy is to provide equal employment to all qualified persons without regard to race, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

Date: _____

Last name: _____ First name: _____ Middle name: _____

Street address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Social Security Number: _____

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? (You may be required to provide documentation.)

Yes No

Have you ever been convicted of a felony? (This will not necessarily affect your application.)

Yes No

If yes, please describe conditions: _____

Employment Desired

Position applied for: _____

How did you hear of this opening? _____

Have you ever applied for employment here? Yes No

When? _____

Where? _____

Have you ever been employed by this company? Yes No

When? _____

Where? _____

Are you presently employed? Yes No

May we contact your present employer? Yes No

Date you can start: _____

Desired starting salary: _____

Education

<u>School Name and Location</u>	<u>Year</u>	<u>Major</u>	<u>Degree</u>
High School _____	_____	_____	_____
College _____	_____	_____	_____
College _____	_____	_____	_____
Post Graduate _____	_____	_____	_____
Other Training _____	_____	_____	_____

In addition to your work history, are there other skills, qualifications, or experience that we should consider?

Please list any scholastic honors received and offices held in school.

Are you planning to continue your studies? Yes No

If yes, where and what course of study?

Employment History (Start with most recent employer; attach additional pages if necessary)

Company Name: _____

Address: _____ Telephone: _____

Date Started: _____ Starting Wage: _____ Starting Position: _____

Date Ended: _____ Ending Wage: _____ Ending Position: _____

Name of Supervisor: _____

May we contact? Yes No

Responsibilities: _____

Reason for leaving: _____

Company Name: _____

Address: _____ Telephone: _____

Date Started: _____ Starting Wage: _____ Starting Position: _____

Date Ended: _____ Ending Wage: _____ Ending Position: _____

Name of Supervisor: _____

May we contact? Yes No

Responsibilities: _____

Reason for leaving: _____

Company Name: _____

Address: _____ Telephone: _____

Date Started: _____ Starting Wage: _____ Starting Position: _____

Date Ended: _____ Ending Wage: _____ Ending Position: _____

Name of Supervisor: _____

May we contact? Yes No

Responsibilities: _____

Reason for leaving: _____

Company Name: _____

Address: _____ Telephone: _____

Date Started: _____ Starting Wage: _____ Starting Position: _____

Date Ended: _____ Ending Wage: _____ Ending Position: _____

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Responsibilities: _____

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May we contact? Yes No

Responsibilities: _____

Reason for leaving: _____

Company Name: _____

Address: _____ Telephone: _____

Date Started: _____ Starting Wage: _____ Starting Position: _____

Date Ended: _____ Ending Wage: _____ Ending Position: _____

Name of Supervisor: _____

May we contact? Yes No

Responsibilities: _____

Reason for leaving: _____

References

List three personal references not related to you who have known you for more than one year.

Name: _____ Phone: _____ Years Known: _____

Address _____

Name: _____ Phone: _____ Years Known: _____

Address _____

Name: _____ Phone: _____ Years Known: _____

Address _____

Emergency Contact

In case of emergency, please notify:

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Please read before signing:

I certify that all information provided by me on this application is true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would alter the integrity of this application.

I authorize my previous employers, schools, or persons listed as references to give any information regarding employment or educational record. I agree that this company and my previous employers will not be held liable in any respect if a job offer is not extended, or is withdrawn, or employment is terminated because of false statements, omissions, or answers made by myself on this application. In the event of any employment with this company, I will comply with all rules and regulations as set by the company in any communication distributed to the employees.

I understand that employment at this company is “at will”, which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason, not prohibited by statute. All employment is continued on that basis. I hereby acknowledge that I have read and understand the above statements.

Signature: _____ Date: _____

