

APPLICATION FORM

KIMBERLY FIRE DEPARTMENT

We are an equal employment opportunity employer dedicated to a policy of non-discrimination in employment based upon an individual's race, color, creed, religion, age, sex, national origin, ancestry, marital status, sexual orientation or the presence of any non-job-related medical condition or disability. In reading and answering the following questions, please keep in mind that none of the questions are intended to imply any limitations, illegal preferences, or discrimination based upon any non-job-related information. This application will be given consideration, but its receipt does not imply that the applicant will be interviewed or employed. Please contact the Fire Department Chief if you need an accommodation to participate in the application

POSITION APPLIED FOR: _____

Date Available to Start Work: _____

PERSONAL DATA

Name _____ Social Security Number _____

Address _____

Street Address

City

State

Zip

Daytime Phone at Which You Can Be Reached:

Evening Phone at Which You Can Be Reached:

() _____

() _____

Area Code

Area Code

GENERAL INFORMATION

- 1. Have you ever applied for a job with the Kimberly Fire Department in the past? If yes, please give date of application. State your name at that time, if different from present name. ___ Yes ___ No

- 2. Have you ever been employed by the Kimberly Fire Department in the past? If yes, please provide dates and state your name if different from present name. ___ Yes ___ No

- 3. If hired, will you be able to regularly attend department meetings, training seminars (when required) and work the sporadic hours associated with this type of position? (See attached job description) If no, please explain: ___ Yes ___ No

- 4. If currently employed, will your employer allow you to respond to fire calls during your normal work day? If no, please explain. ___ Yes ___ No

- 5. Do you have any other commitments that might prevent you from being able to respond to calls? If yes, please explain. ___ Yes ___ No

- 6. If hired, can you furnish proof that you are at least 18 years of age and eligible to work in the United States. If no, please explain: ___ Yes ___ No

- 7. Have you been convicted of a felony, or released from prison in the past 10 years? Note: A yes answer does not automatically disqualify you from employment since the nature of the offense, date, and type of job for which you are applying will be considered. If yes, please explain: ___ Yes ___ No

- 8. Are you charged with an unresolved criminal charge (have you been charged with a crime that has not yet resulted in a plea of guilty, court trial, or dropping of the charge)? Note: A yes answer will not automatically disqualify you from employment. If yes, please explain: ___ Yes ___ No

ANSWER QUESTIONS 9 and 10 ONLY IF A JOB DESCRIPTION IS ATTACHED.

- 9. Are you able to perform the tasks listed on the attached job description with or without an accommodation? ___ Yes ___ No

- 10. If necessary, what accommodation could we make that would allow you to perform the essential functions of the job? ___ Yes ___ No

- 11. If an offer of employment is made, are you willing to undergo a physical examination at our expense by our physician to determine if you are physically able to perform the essential functions of the job for which you have applied, with or without a reasonable accommodation? (See physical requirements of attached job description.) If no, please explain: ___ Yes ___ No

EDUCATIONAL DATA

SCHOOLS ATTENDED	NAME OF SCHOOL AND LOCATION	DID YOU GRADUATE? YES NO	DEGREE/ DIPLOMA/ CERTIFICATE?	MAJOR COURSE OF STUDY
HIGH SCHOOL				
TECHNICAL VOCATIONAL BUSINESS OR MILITARY TRAINING				
COLLEGE OR UNIVERSITY				
GRADUATE SCHOOL				
PROFESSIONAL SEMINARS				

Additional JOB-RELATED seminars, short courses, workshops, or other educational experiences:

JOB-RELATED certificates, licenses, equipment qualified to operate, computer hardware and software operated, and other JOB-RELATED special skills and abilities:

EMPLOYMENT HISTORY

PRESENT & FORMER EMPLOYERS *List Present or Most Recent Employer First - Please complete even if a resume is attached.*

Attach additional sheet if necessary.

Company Name	Dates of Employment	From	To
Address	Supervisor (and phone number, if known)		
City, State, Zip	Your name when employed, if different from present		
Job Title & Duties	Reason for Leaving		
			May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Company Name	Dates of Employment	From	To
Address	Supervisor (and phone number, if known)		
City, State, Zip	Your name when employed, if different from present		
Job Title & Duties	Reason for Leaving		
			May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

IMPORTANT

PLEASE READ CAREFULLY AND INITIAL EACH PARAGRAPH BEFORE SIGNING

Initials

_____ By my signature and initials, I promise that the information provided in this employment application (and accompanying resume, if any) is true and complete, and I understand that any false information or significant omissions may disqualify me from further consideration for employment, and may be justification for my dismissal from employment if discovered at a later date. I agree to immediately notify the Fire Department if I should be convicted of a felony, or any crime involving dishonesty or a breach of trust while my job application is pending, or during my period of employment, if hired.

_____ I authorize any person, school, current employer (except as previously noted), past employer(s), and other organizations named in this application form (and accompanying resume, if any) to provide the Fire Department with relevant information and opinion that may be useful to the Fire Department in making a hiring decision, and I release such persons and organizations from any legal liability in making such statements.

_____ If offered a job that requires it, I give permission for a job-related complete physical examination, and I consent to the release to the Fire Department of any medical information, as may be deemed necessary by the Fire Department in judging my capability to perform the essential functions of the work for which I am applying (with or without a reasonable accommodation).

_____ I understand that if an offer of employment is made a criminal background check will be conducted.

_____ I understand that if my employment is terminated by the Fire Department for dishonesty, breach of trust, of any criminal acts, the authorities may be notified and I may be criminally prosecuted.

_____ I understand that this application does not, by itself, create a contract of employment. I understand and agree that, if hired, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD OF TIME, and may, BE TERMINATED AT ANY TIME. I understand that no person is authorized to change any of the terms mentioned in this employment application form.

Signed: _____ Date _____