

EAST ALTON FIRE & POLICE COMMISSION

APPLICATION FOR EMPLOYMENT

(Please PRINT using Black Ink)

Date of Application _____

Position(s) Applied for _____

EAST ALTON FIREFIGHTER

Name _____

(Last)

(First)

(Middle)

Address _____

Number

Street

City

State

Zip

Telephone With Area Code _____

Social Security No. _____

Driver's License Number _____

Have you ever been employed here before? _____

Are you employed now? _____

May we contact your employer? _____

Have you ever been convicted of a felony? _____

Are you a U.S. Citizen? _____

Date of Birth: Month _____

Day _____

Year _____

Place of Birth: City _____

County _____

State _____

Person to be notified in case of emergency _____

Name

Address

City

State

Phone (Area Code) Number

SKILLS AND QUALIFICATIONS: Summarize special skills, qualifications and experience acquired (use reverse side of page, if needed).

List below all present and past employment, beginning with your most recent

Company _____ Type of Business _____ Phone Number _____

Address _____ Name of Supervisor _____

Reason for Leaving _____ Weekly Starting Salary _____ Weekly Last Salary _____

Start Date _____ End Date _____

Month _____ Year _____ Month _____ Year _____ Describe the work you did: _____

Company _____ Type of Business _____ Phone Number _____

Address _____ Name of Supervisor _____

Reason for Leaving _____ Weekly Starting Salary _____ Weekly Last Salary _____

Start Date _____ End Date _____

Month _____ Year _____ Month _____ Year _____ Describe the work you did: _____

Company _____ Type of Business _____ Phone Number _____

Address _____ Name of Supervisor _____

Reason for Leaving _____ Weekly Starting Salary _____ Weekly Last Salary _____

Start Date _____ End Date _____

Month _____ Year _____ Month _____ Year _____ Describe the work you did: _____

Company _____ Type of Business _____ Phone Number _____

Address _____ Name of Supervisor _____

Reason for Leaving _____ Weekly Starting Salary _____ Weekly Last Salary _____

Start Date _____ End Date _____

Month _____ Year _____ Month _____ Year _____ Describe the work you did: _____

I hereby give permission to contact the employers listed above concerning any information you deem relevant. _____
Signature

If there is a particular employer(s), you do not wish us to contact please indicate which one(s). _____

PERSONAL REFERENCES (Not Former Employers or Relatives)

Name and Occupation	Address	Phone Number

MILITARY SERVICE RECORD

Were you in U.S. Armed Forces? _____ If yes, what Branch? _____

Dates of duty: From _____ To _____ Rank at discharge _____
Month Day Year Month Day Year

List duties in the service including special training _____

Have you taken any training under the G.I. Bill of Rights? _____ If yes, what training did you take? _____

EDUCATIONAL DATA

LEVEL OF EDUCATION	SCHOOL-NAME, ADDRESS, CITY, AND STATE	NO. of YRS. COMPLETED	TYPE of COURSES
High School			
College			
Grad School			
Trade School			
Other			

Are you willing to undergo a pre-employment physical exam? _____

Do you know of any reason why you cannot perform the essential functions of the job for which you are applying with or without reasonable accommodation?

Yes _____ No _____ If yes, explain: _____

AGREEMENT (Please read the following statements carefully)

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize persons, schools, my current employer (if applicable), and previous employers and organizations named in this application (and accompanying resume, if any) to provide any relevant information that may be required to arrive at an employment decision.

Signature

Date