

Sni Valley Fire Protection District

Application for Employment

Sni Valley Fire is an equal opportunity employer and does not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the District.

Applicant name: _____ **Date:** _____

Position(s) applied for or type of work desired: _____

Address: _____

Telephone #s: _____ **Social Security #:** _____

Type of employment desired: _____ **Full-time** _____ **Part-time** _____ **Volunteer**

Date you will be available to start work: _____

Are you able to meet the attendance requirements? _____ **Yes** _____ **No**

Do you have any objection to working overtime if necessary? _____ **Yes** _____ **No**

Can you travel if required by this position? _____ **Yes** _____ **No**

Have you ever been previously employed by our organization? _____ **Yes** _____ **No**

Can you submit proof of legal employment authorization and identity? _____ **Yes** _____ **No**

If you are under 18, can you furnish a work permit if it is required? _____ **Yes** _____ **No** _____ **N/A**

Have ever been convicted of a crime in the last 7 years? _____ **Yes** _____ **No**

If yes, please explain (a conviction will not automatically bar employment): _____

Drivers license # & State (if driving is an essential job duty): _____

How were you referred to us? _____

Employment History

Please provide all employment information for you're past four employers starting with most recent.

Employer: _____ **Position held:** _____

Address: _____ **Telephone #:** _____

Immediate supervisor and title: _____

Dates employed: from _____ **to** _____ **Salary:** _____

Job summary: _____

Reason for leaving: _____

Employer: _____ **Position held:** _____

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Employer: _____ **Position held:** _____

Address: _____ **Telephone #:** _____

Immediate supervisor and title: _____

Dates employed: from _____ **to** _____ **Salary:** _____

Job summary: _____

Reason for leaving: _____

Employment History continued

Employer: _____ Position held: _____

Address: _____ Telephone #: _____

Immediate supervisor and title: _____

Dates employed: from _____ to _____ Salary: _____

Job summary: _____

Reason for leaving: _____

Other Skills and Qualifications

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications:

Educational History

List school name and location, years completed, course of study, and any degrees earned:

High School: _____

College: _____

Technical Training: _____

Other: _____

References

List 3 references names, telephone numbers, and years known (do not include relatives or employers):

I hereby authorize Sni Valley Fire to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release Sni Valley Fire and its representatives from liability for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or Sni Valley Fire can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is Sni Valley Fire's policy not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time will result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant signature: _____ Date: _____

