



APPLICATION FOR EMPLOYMENT

Provide all information requested by printing in ink or typing.

APPLICANT INFORMATION

Name (Last)		(First)	(M.I.)	Today's Date (MM/DD/YYYY)	
Address (Street Address)		(City)	(State)	(Zip)	Telephone Number
Email Address		Driver's License #	DL State	DL Expiration Date (MM/DD/YYYY)	DL Class
Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, are you authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you previously worked for this department? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, date left?		Social Security Number	
Have you ever been convicted of an offense against the law other than a minor traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No			A conviction will not automatically bar you from employment.		
If yes, explain:					

POSITION

Position Applying For	Date Available (MM/DD/YYYY)
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EDUCATION AND TRAINING

High School Graduate or General Education (GED) Test Passed? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, list the highest grade completed:			
High School Name		High School Address			
College, Business School, Military (Most recent first)					
Name and Location	Dates Attended (MM/YYYY)	Graduated?	Year	Degree	Major or Subject
	From	<input type="checkbox"/> Yes			
	To	<input type="checkbox"/> No			
	From	<input type="checkbox"/> Yes			
	To	<input type="checkbox"/> No			
	From	<input type="checkbox"/> Yes			
	To	<input type="checkbox"/> No			
	From	<input type="checkbox"/> Yes			
	To	<input type="checkbox"/> No			
Languages Read, Written or Spoken Fluently Other Than English					

VETERAN INFORMATION (Most recent)

Branch of Service		Date of Entry (MM/DD/YYYY)	Date of Discharge (MM/DD/YYYY)
Rank at Discharge	Type of Discharge	If other than honorable, explain:	

OCCUPATIONAL LICENSE, CERTIFICATE OR REGISTRATION

Type (Check all that apply)	Number	Expiration Date (MM/DD/YYYY)	Type (Check all that apply)	Number	Expiration Date (MM/DD/YYYY)
<input type="checkbox"/> EMR			<input type="checkbox"/> Firefighter I		
<input type="checkbox"/> EMT			<input type="checkbox"/> Firefighter II		
<input type="checkbox"/> AEMT			<input type="checkbox"/> Driver/Operator		
<input type="checkbox"/> Paramedic			<input type="checkbox"/> HAZMAT: Awareness		
<input type="checkbox"/> D.L. – Class A			<input type="checkbox"/> HAZMAT: Operations		
<input type="checkbox"/> D.L. – Class B			<input type="checkbox"/> HAZMAT: Technician		
<input type="checkbox"/> D.L. – Class C			<input type="checkbox"/> Rope Rescue		
<input type="checkbox"/> ICS 100			<input type="checkbox"/> Trench Rescue		
<input type="checkbox"/> ICS 200			<input type="checkbox"/> Confined Space Rescue		
<input type="checkbox"/> ICS 300			<input type="checkbox"/> High Angle Rescue		
<input type="checkbox"/> ICS 400			<input type="checkbox"/> Fire Safety Officer		
<input type="checkbox"/> IS-700			<input type="checkbox"/> Fire Service Instructor		
<input type="checkbox"/> IS-800			<input type="checkbox"/> Arson Investigator		
<input type="checkbox"/> Other:			<input type="checkbox"/> Other:		

SPECIAL SKILLS (List all pertinent skills and equipment that you can operate)

WORK EXPERIENCE (Most Recent First) (Include voluntary work and military experience)

Employer	Telephone Number	From (MM/YYYY)
Address	Supervisor Name	To (MM/YYYY)
Job Title	Last Salary \$	Hours Per Week
Specific Duties		
Reason For Leaving		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Telephone Number	From (MM/YYYY)
Address	Supervisor Name	To (MM/YYYY)
Job Title	Last Salary \$	Hours Per Week
Specific Duties		
Reason For Leaving		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

WORK EXPERIENCE (Continued)

Employer	Telephone Number	From (MM/YYYY)
Address	Supervisor Name	To (MM/YYYY)
Job Title	Last Salary \$	Hours Per Week
Specific Duties		
Reason For Leaving	May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer	Telephone Number	From (MM/YYYY)
Address	Supervisor Name	To (MM/YYYY)
Job Title	Last Salary \$	Hours Per Week
Specific Duties		
Reason For Leaving	May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

REFERENCES (List three professional references)

Name (Last)	(First)	Relationship
Company	Address	Phone Number

Name (Last)	(First)	Relationship
Company	Address	Phone Number

Name (Last)	(First)	Relationship
Company	Address	Phone Number

DISCLAIMER AND SIGNATURE

"I hereby certify the information given in this application is true and correct. I understand and agree that Butler County Fire District #3 may research all statements and claims made on this application and make reference checks and that employment is contingent upon my passing a physical exam, which may include a drug screening test. I further understand that any misrepresentation or omission of facts upon this application, or failing the physical examination or drug screening test will be sufficient cause for rejection or dismissal if employed."

Signature of Applicant _____ Date _____