

APPLICATION FOR EMPLOYMENT

(Pre-Employment Questionnaire) (An Equal Opportunity Employer)

PERSONAL INFORMATION

| | | | | |
|---|-----------------------------------|--------|-------------------------------|-----------------------------|
| | | | | DATE |
| NAME | | | SOCIAL SECURITY NUMBER | |
| LAST | FIRST | MIDDLE | | |
| PRESENT ADDRESS | | | | |
| STREET | CITY | STATE | ZIP | |
| PERMANENT ADDRESS | | | | |
| STREET | CITY | STATE | ZIP | |
| PHONE NO. | ARE YOU 18 YEARS OR OLDER? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

EMPLOYMENT DESIRED

| | | |
|---|---------------------------|---|
| POSITION | DATE YOU CAN START | SALARY DESIRED |
| ARE YOU EMPLOYED NOW? | | IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? |
| EVER APPLIED TO THIS COMPANY BEFORE? | WHERE? | WHEN? |
| REFERRED BY | | |

| EDUCATION | NAME AND LOCATION OF SCHOOL | *NO OF YEARS ATTENDED | *DID YOU GRADUATE? | SUBJECTS STUDIED |
|--|-----------------------------|-----------------------|--------------------|------------------|
| GRAMMAR SCHOOL | | | | |
| HIGH SCHOOL | | | | |
| COLLEGE | | | | |
| TRADE, BUSINESS OR CORRESPONDENCE SCHOOL | | | | |

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

SPECIAL SKILLS

ACTIVITIES: (CIVIC ATHLETIC ETC.)

EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS.

| | | |
|---------------------------------------|-------------|---|
| U. S MILITARY OR NAVAL SERVICE | RANK | PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES |
|---------------------------------------|-------------|---|

*This form has been revised to comply with the provisions of the Americans with Disabilities Act and the final regulations and interpretive guidance promulgated by the EEOC on July 26, 1991.

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST).

| DATE MONTH AND YEAR | NAME AND ADDRESS OF EMPLOYER | SALARY | POSITION | REASON FOR LEAVING |
|------------------------|------------------------------|--------|----------|--------------------|
| FROM | | | | |
| TO | | | | |
| FROM | | | | |
| TO | | | | |
| FROM | | | | |
| TO | | | | |
| FROM | | | | |
| TO | | | | |

WHICH OF THESE JOBS DID YOU LIKE BEST?

WHAT DID YOU LIKE MOST ABOUT THIS JOB?

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

| NAME | ADDRESS | BUSINESS | YEARS ACQUAINTED |
|------|---------|----------|---------------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |

THE FOLLOWING STATEMENT APPLIES IN: MARYLAND & MASSACHUSETTS. [Fill in name of state.]
 IT IS UNLAWFUL IN THE STATE OF _____ TO REQUIRE OR ADMINISTER A LIE DETECTOR TEST
 AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. AN EMPLOYER WHO VIOLATES THIS LAW SHALL
 BE SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIABILITY.

 Signature of Applicant

IN CASE OF
 EMERGENCY NOTIFY

NAME ADDRESS PHONE NO.

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED. MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.
 IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE. AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN IT'S PRESIDENT, AND THEN ONLY WHEN IN WRONG AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

DATE SIGNATURE

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: DATE:

REMARKS:

NEATNESS ABILITY

HIRED: Yes No POSITION DEPT.

SALARY/WAGE DATE REPORTING TO WORK

APPROVED: 1. EMPLOYMENT MANAGER 2. DEPT. HEAD 3. GENERAL MANAGER

**APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE
AND DISCLOSURE OF INFORMATION**

We truly welcome your application for employment services at **SOUTHERN PLATTE FIRE PROTECTION DISTRICT** (hereinafter referred to as the Company). We are proud that our success is the result of the quality and caliber of our employees. You are applying for a position whose acceptance will place you in a category of recognized professionals. In pursuit of that excellence, we require, as a condition of employment and/or continued employment, all applicants must consent to and authorize a pre-employment verification of the background information submitted on their applications and resumes.

I authorize **Southern Platte Fire Protection District** and/or its agents/designated representatives to retrieve information from all previous employers work history, education institutions, government agencies, law enforcement agencies at the federal, state, or county level, agencies or individuals, relating to my past activities, to supply information concerning my background, and release the same from liability resulting in providing such information. The information received may include, but not limited to previous employment, education, motor vehicle, social security, credit and a criminal background check. I understand that the consumer report may be prepared summarizing this information.

I authorize **Southern Platte Fire Protection District** and/or its agents/designated representatives, to disclose orally, electronically, and in writing the results of its verification process and/or interview to the designated authorized representatives of the Company.

I do hereby forever discharge the Company, its agents, and its associates to the full extent permitted by the law from damages, losses, liabilities, costs and expenses, or other charge of complaint filed with any agency arising from the retrieving and reporting of information. According to the Federal Fair Credit Reporting Act, I am entitled to know if adverse action is taken based on information obtained by the Company and to receive, orally, written or electronically, a copy of the consumer report and a description of the rights of a consumer.

I hereby certify that all of the statements and answers set forth on the application form and/or my resume are true and complete to the best of my knowledge, and I understand that if subsequent to employment any such statements and/or answers are found false or that information has been omitted, such false statements or omissions will be just cause for the termination of my employment.

(please fill out and sign reverse side)

****NOTE: The following information is provided voluntarily and IS NOT considered as part of your application for employment. It is used for identification purposes in verifying background verifications.**

| | |
|---|---------------|
| SIGNATURE: | DATE: |
| PRINTED NAME: | D/O/B: |
| SS#: _____ | |
| LIST ANY CITIES AND OR STATES WHERE YOU HAVE EVER LIVED: _____ _____ | |
| LIST YOUR CURRENT ADDRESS WITH ZIP CODE: _____ _____ | |

DISCLOSURE

This document serves solely as a clear and conspicuous written disclosure as required by the Federal Fair Credit Reporting Act set forth in Section 604 (b) to the Applicant that previous employment, education, social security, credit, motor vehicle report and a criminal background check may be obtained for the purpose of this employment application only. By the signature below, the Applicant acknowledges that **SOUTHERN PLATTE FIRE PROTECTION DISTRICT** has made this disclosure.

Signature of Applicant _____

Date _____