

APPLICATION FOR EMPLOYMENT
Mid-Columbia Fire and Rescue
FIRE SHIFT CAPTAIN- PARAMEDIC

INSTRUCTIONS: Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. **PLEASE PRINT or TYPE**, except for signature on the last page of the application. All information you give on this application will be held in strict confidence.

NOTE: Application will be rejected if not signed.

PERSONAL DATA

Last Name

First Name

Middle Name

Present Street Address

City

State

Zip

Primary Phone Number

Secondary Phone Number

E-mail Address (required)

When are you available for employment?

Are you between 18 and 70 years old? Yes No

Would you take a physical examination if it were required for the job for which you are applying? Yes No

GENERAL INFORMATION

Do you have a valid driver's license? Yes No

Driver's License Number: _____ State: _____

Skills and Abilities related to the position applied for:

Are you currently OR expecting to be engaged in any other business or employment? Yes No

If yes, please explain:

EDUCATION

High School

Institution Name/ City, State

Highest grade completed

Did you graduate?

Yes No

College or University

Institution Name/ City, State

Highest level completed

Did you graduate?

Yes No

Major/Degree:

Yes No

Major/Degree:

Yes No

Major/Degree:

Additional Educational/Vocational/Technical Training

Institution Name/ City, State

Did you complete coursework?

Yes No

Coursework:

Yes No

Coursework:

Yes No

Coursework:

EMPLOYMENT HISTORY

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. If you worked in any position under another name, please give name(s). **Please indicate month and year of employment.**

Name of Employer:

Employed from: MO/YR. to MO/YR.

Address:

Supervisor:

Telephone number:

Your Position Title:

Beginning Salary:

Final Salary:

Duties:

Reason for leaving:

EMPLOYMENT HISTORY (continued)

Name of Employer:		Employed from:	MO/YR.	to	MO/YR.
Address:					
Supervisor:		Telephone number:			
Your Position Title:		Beginning Salary:		Final Salary:	
Duties:					
Reason for leaving:					
Name of Employer:		Employed from:	MO/YR.	to	MO/YR.
Address:					
Supervisor:		Telephone number:			
Your Position Title:		Beginning Salary:		Final Salary:	
Duties:					
Reason for leaving:					
Name of Employer:		Employed from:	MO/YR.	to	MO/YR.
Address:					
Supervisor:		Telephone number:			
Your Position Title:		Beginning Salary:		Final Salary:	
Duties:					
Reason for leaving:					
Name of Employer:		Employed from:	MO/YR.	to	MO/YR.
Address:					
Supervisor:		Telephone number:			
Your Position Title:		Beginning Salary:		Final Salary:	
Duties:					
Reason for leaving:					

REFERENCES

Give three professional references (exclude relatives and friends).

Name:	Occupation:	Telephone:
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Address:

Name:	Occupation:	Telephone:
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Address:

Name:	Occupation:	Telephone:
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Address:

I certify the information in this application and attachments are true and complete to the best of my knowledge. I am aware that any falsification, misrepresentation, or omission may result in my disqualification for employment or discharge from employment. I authorize my present and previous employers to release information regarding my job performance. I also authorize the hiring agency to obtain information of any past criminal activities through a police background investigation. I hereby waive my rights to claims or damages against any employer, police agency and the hiring agency, its officers, agents and employees, in regard to this exchange of information concerning my past history and employment.

Signature

Date