



## EMPLOYMENT HISTORY

Name of Employer:	Supervisor's Name/Title:
Full Address/Phone Number of Employer:	
Position(s) Held:	Dates Employed/Reason for Leaving:
Describe the Work Performed:	

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Emergency Contact

Name: \_\_\_\_\_ Phone# \_\_\_\_\_

## REFERENCES

Name	Email Address	Telephone	Years known

## GENERAL INFORMATION

List any experience you have in the emergency services field (Fire or EMS).

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Briefly describe why you would like to be an employee of the Union Fire Protection District.

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## AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if I am successful in obtaining employment, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above, to give any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and other persons, agencies and departments, as follows, but not limited to: all law enforcement agencies for a record check, the Veterans Administration, all branches of the IJOS, Armed Forces, all federal, state or local government agencies, state and federal tax bureaus, credit bureaus, schools and universities, social media accounts, and release all parties from all liability for any damage that may result from furnishing same to I understand and agree that, any employment is for no definite period and may be terminated at any time without prior notice."

"I am also aware that if selected for employment, I will be asked to take a preplacement examination performed by a licensed physician selected by the Fire District. The Fire District will pay all costs for this examination. During the aforementioned examination, I am aware that drug testing will be done to determine the presence of any foreign substance in my body and if confirmed positive, I will not be eligible for membership with the Union Fire Protection District?"

"I acknowledge that the District will check my driver's license status. I am aware that I must maintain a valid driver's license while a member of the Union Fire Protection District."

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Signature of Applicant

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Date of Application