



HAMPSHIRE FIRE PROTECTION DISTRICT

P.O. Box 245
Hampshire, IL 60140

Date: _____

Last Name: _____ First name: _____ Middle name: _____

Street Address: _____

City: _____ State: _____ Zip _____

Telephone _____ Email Address _____

Are you a U.S. Citizen or otherwise authorized to work in the U.S. on an unrestricted basis? (You will be required to provide documentation) Yes No

Have you ever been convicted of a felony? (This will not necessarily affect your application). Yes No

If yes, please describe conditions

Have you ever applied for employment here? Yes No

When? _____

Have you ever been employed by this company? Yes No

Are you presently employed? Yes No

May we contact your present employer? Yes No

Number of hours you are looking to work per week? _____

Date you can start? _____

Education

| School Name and Location | Year | Focus/Major | Certificate/Degree |
|--------------------------|-------|-------------|--------------------|
| High School _____ | _____ | _____ | _____ |
| College _____ | _____ | _____ | _____ |
| College _____ | _____ | _____ | _____ |
| Other _____ | _____ | _____ | _____ |

Comments: _____

In addition to your work history, are there other skills, qualifications, or experience we should consider?

Are you planning to continue your studies? Yes No

If yes, where and what courses of study? _____

Employment History (start with your most recent employer)

Company name _____

Address _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____ May we contact? Yes No

Responsibilities _____

Reason for leaving _____

Company name _____

Address _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____ May we contact? Yes No

Responsibilities _____

Reason for leaving _____

Company name _____

Address _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____ May we contact? Yes No

Responsibilities _____

Reason for leaving _____

References

List three personal references, not related to you, who have known you for more than one year.

Name _____ Phone _____ Years known _____

Name _____ Phone _____ Years known _____

Name _____ Phone _____ Years known _____

Please read before signing:

I certify that all information provide by me on this application is true and complete and to the best of my knowledge and that I have withheld nothing that, if disclosed, would alter the integrity of this application.

I authorize my previous employers, schools, or persons listed as references to give any information regarding my employment or educational record. I agree that this company and my previous employers will not be held liable in any respect if a job offer is not extended, or is withdrawn, or employment is terminated because of false statements, or omissions, or answers made by myself on this application. In the event of any employment with this company, I will comply with all rules and regulations as set by the company in any communication distributed to the employees.

In compliance with the Immigration Reform and Control Act of 1986, I understand that I am required to provide approved documentation to the company that verifies my right to work in the United States on the first day of employment.

I understand that employment at the Hampshire Fire Protection District is “at will”, which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I hereby acknowledge that I have read and understand the above statements.

Signature _____

Date _____