

Oak Cliff Fire Protection District  
13425 S Bryant  
Edmond, OK 73034  
405-340-9115



## EMPLOYMENT APPLICATION

We are an equal opportunity employer. Applicants are considered for positions without regard for race, religion, sex, national origin, age, disability, or any other consideration made unlawful by applicable federal, state or local laws and the Oklahoma Firefighters Pension and Retirement System rules relating to §49-135.

### Please print clearly or type

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address, Apt #, City, State, Zip Code

E-mail address \_\_\_\_\_

Evening Telephone: \_\_\_\_\_

Day Telephone: \_\_\_\_\_ (Include area code)

Type of employment desired?

Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_ Volunteer: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Have you previously applied for employment with this Fire Department? \_\_\_\_\_

Have you ever been a member of a Fire Department, Rescue Squad, or similar organization? \_\_\_\_\_ Date of Service \_\_\_\_\_ Position Held \_\_\_\_\_

Reason for Leaving? \_\_\_\_\_

List all related training you have completed \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Current Employer:

Name and Address

Phone \_\_\_\_\_

Job Title \_\_\_\_\_

From (Month/Year) \_\_\_\_\_ To (Month/Year) \_\_\_\_\_

Duties (Be specific - attach extra signed and dated sheets, if necessary):

\_\_\_\_\_

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Have you ever been terminated or asked to resign from any job? \_\_\_\_\_  
Has your employment ever been terminated by mutual agreement? \_\_\_\_\_  
Have you ever been given the choice to resign rather than be terminated? \_\_\_\_\_  
If you answered Yes to any of the above three questions, please explain the  
circumstances of each occasion. \_\_\_\_\_

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**Educational Background:**

Are you a high school graduate or have you passed a general education development (GED) test? Yes \_\_\_\_\_ No \_\_\_\_\_

List high school, colleges, universities or professional schools attended. If more space is needed, attach additional copies of this page. (Transcripts may be required)

High School Name & Address \_\_\_\_\_

College Name & Address \_\_\_\_\_

Other Name & Address \_\_\_\_\_

List degrees and certifications: \_\_\_\_\_

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**References:**

May the Fire Department contact your present employer or any of the organizations or references which you have listed to ask questions regarding your character or abilities? \_\_\_\_\_

Please list the names and phone numbers of additional work-related references we may contact. Individuals with no prior work experience may list school or volunteer-related references.

Name	Position	Company	Phone #
_____	_____	_____	_____
_____	_____	_____	_____

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**Applicant Certification**

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license and automobile liability insurance in an amount equal to the minimum required by the state where I reside.

I understand that the Oak Cliff Fire Protection District (herein known as OCFPD) may now have, or establish, a drug-free workplace or drug and/or alcohol-testing program consistent with applicable federal, state, and local law. If the OCFPD has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state and local law. I also understand that all employees of the location, pursuant to the OCFPD's policy and federal, state, and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with the OCFPD's policies and applicable federal, state and local law.

If employed by the OCFPD, I understand and agree that the OCFPD, to the extent permitted by federal, state, and local law, may exercise its right, without prior warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles, and computers) and, in certain circumstances, my personal property.

I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign a confidentiality, non-compete, and/or conflict of interest statement.

I certify that all the information on this application, my resume, or any supporting documents is complete and accurate to the best of my knowledge. I understand that any falsifications, misrepresentations, or omissions of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

I UNDERSTAND THAT NEITHER THIS APPLICATION NOR ANY COMMUNICATION BY A MANAGEMENT REPRESENTATIVE IS INTENDED TO CREATE OR DOES CREATE A CONTRACT OF EMPLOYMENT, OFFER, OR PROMISE OF EMPLOYMENT. I ACKNOWLEDGE THAT IF HIRED BY THE OCFPD, EMPLOYMENT IS ON AN AT-WILL BASIS. THIS MEANS THE OCFPD IS FREE TO TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT CAUSE OR ADVANCE NOTICE, IN ACCORDANCE WITH STATE LAW, AND ACCEPTANCE OF EMPLOYMENT IS NOT A CONTRACT OF EMPLOYMENT FOR ANY SPECIFIED TIME. SIMILARLY, I AM FREE TO TERMINATE MY EMPLOYMENT WITH THE OCFPD AT ANY TIME FOR ANY REASON. THIS AT-WILL PROVISION MAY BE MODIFIED OR WAIVED ONLY IN A WRITTEN AGREEMENT SIGNED BY AN AUTHORIZED REPRESENTATIVE OF THE OCFPD AND ME.

I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE OCFPD, AND I UNDERSTAND THAT THE OCFPD HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATIONS AT ANY TIME, EXCEPT THAT IT WILL NOT MODIFY ITS POLICY OF EMPLOYMENT AT-WILL.

I authorize the OCFPD or its agents to confirm all statements contained in the application and/or resume as it relates to the position I am seeking and to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation.

I authorize and consent to, without reservation, any party or agency contracted by this employer to furnish the above-mentioned information. I hereby release, discharge and hold harmless, to the extent permitted by federal, state and local law, any party delivering information to the OCFPD or it's duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability the OCFPD and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information.

Applicant Signature: \_\_\_\_\_ Date \_\_\_\_\_