



APPLICATION FORM
**KIMBERLY FIRE
DEPARTMENT**

We are an equal employment opportunity employer dedicated to a policy of non-discrimination in employment based upon an individual's race, color, creed, religion, age, sex, national origin, ancestry, marital status, sexual orientation or the presence of any non-job-related medical condition or disability. In reading and answering the following questions, please keep in mind that none of the questions are intended to imply any limitations, illegal preferences, or discrimination based upon any non-job-related information. This application will be given consideration, but its receipt does not imply that the applicant will be interviewed or employed. Please contact the Fire Department Chief if you need an accommodation to participate in the application.

POSITION APPLIED FOR:

Date Available to Start Work:

PERSONAL DATA

Name _____

Address

Street Address	City	State	Zip
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Daytime Phone at Which You Can Be Reached:
Reached:

() _____

) _____

Area Code

Evening Phone at Which You Can Be

Reached:

(

) _____
Area Code

GENERAL INFORMATION

1. Have you ever applied for a job with the Kimberly Fire Department in the past? Yes No
If yes, please give date of application. State your name at that time, if different from present name.
2. Have you ever been employed by the Kimberly Fire Department in the past? If yes Yes No
please provide dates and state your name if different from present name.
3. If hired, will you be able to regularly attend department meetings, training seminars (when required) and work the sporadic hours associated with this type of position? (See attached job description). If no, please explain: Yes No
4. If currently employed, will your employer allow you to respond to fire calls during your normal work day? If no, please explain: Yes No
5. Do you have any other commitments that might prevent you from being able to respond to calls? If yes, please explain: Yes No
6. If hired, can you furnish proof that you are at least 18 years of age and eligible to work in the United States. If no, please explain: Yes No
7. Have you been convicted of a felony, or released from prison in the past 10 years? Yes No
Note: A yes answer does not automatically disqualify you from employment since the nature of the offense, date, and type of job for which you are applying will be considered. If yes, please explain:
8. Are you charged with an unresolved criminal charge (have you been charged with a crime that has not yet resulted in a plea of guilty, court trial, or dropping of the charge)? Yes No
Note: A yes answer will not automatically disqualify you from employment. If yes, please explain:

ANSWER QUESTIONS 9 AND 10 ONLY IF A JOB DESCRIPTION IS ATTACHED.

9. Are you able to perform the tasks listed on the attached job description with or without an accommodation? Yes No
10. If necessary, what accommodation could we make that would allow you to perform the essential functions of the job? Yes No
11. If an offer of employment is made, are you willing to undergo a physical examination at our expense by our physician to determine if you are physically able to perform the essential functions of the job for which you have applied, with Yes No

or without a reasonable accommodation? (See physical requirements of attached job description.) If no, please explain:

EDUCATIONAL DATA

SCHOOLS ATTENDED	NAME OF SCHOOL AND LOCATION	DID YOU GRADUATE? YES OR NO	DEGREE/ DIPLOMA/ CERTIFICATE	MAJOR COURSE OF STUDY
HIGH SCHOOL	CIRCLE HIGHEST GRADE COMPLETED 9 10 11 12			
TECHNICAL VOCATIONAL BUSINESS OR MILITARY TRAINING				
COLLEGE OR UNIVERSITY				
GRADUATE SCHOOL				
PROFESSIONAL SEMINARS				

Additional JOB-RELATED seminars, short courses, workshops, or other educational experiences:

JOB-RELATED certificates, licenses, equipment qualified to operate, computer hardware and software operated, and other JOB-RELATED special skills and abilities:

EMPLOYMENT HISTORY

PRESENT & FORMER EMPLOYERS

List Present or Most Recent Employer First-Please complete even if a resume is attached.

Attach additional sheet if necessary.

Company Name	Dates of Employment	From	To
Address	Supervisor (and phone number, if known)		
City, State, Zip	Your name when employed, if different from present		
Job Title & Duties	Reason for Leaving		
May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Company Name	Dates of Employment	From	To
Address	Supervisor (and phone number, if known)		
City, State, Zip	Your name when employed, if different from present		
Job Title & Duties	Reason for Leaving		

Please add any additional information (except that which identifies your race, sex, age, religion, national origin, disability or other non-job-related personal information) that you think may be relevant to a decision to hire you.

IMPORTANT

PLEASE READ CAREFULLY AND INITIAL EACH PARAGRAPH BEFORE SIGNING

Initials

_____ By my signature and initials, I promise that the information provided in this employment application (and accompanying resume, if any) is true and complete, and I understand that any false information or significant omissions may disqualify me from further consideration for employment, and may be justification for my dismissal from employment if discovered at a later date. I agree to immediately notify the Fire Department if I should be convicted of a felony, or any crime involving dishonesty or a breach of trust while my job application is pending, or during my period of employment, if hired.

_____ I authorize any person, school, current employer(except as previously noted), past employer(s), and other organizations named in this application form (and accompanying resume, if any) to provide the Fire Department with relevant information and opinion that may be useful to the Fire Department in making a hiring decision, and I release such persons and organizations from any legal liability in making such statements.

_____ If offered a job that requires it, I give permission for a job-related complete physical examination, and I consent to the release to the Fire Department of any medical information, as may be deemed necessary by the Fire Department in judging my capability to perform the essential functions of the work for which I am applying (with or without a reasonable accommodation).

_____ I understand that if an offer of employment is made a criminal background check will be conducted.

_____ I understand that if an offer of employment is terminated by the Fire Department for dishonesty, breach of trust, or any criminal acts, the authorities may be notified and I may be criminally prosecuted.

_____ I understand that this application does not, by itself, create a contract of employment. I understand and agree that, if hired, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD OF TIME, and may, BE TERMINATED AT ANY TIME. I understand that no person is authorized to change any of the terms mentioned in this employment application form.

Signed: _____ Date: _____