

CURRENT CERTIFICATION / LICENSURE:			
	Check One	License # (if applicable)	Expiration Date
Firefighter I	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Firefighter II	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Motor Pump Operator	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Aerial Operator	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Fire Inspector	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Fire/EMS Instructor	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Fire Officer	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Emergency Vehicle Operations (EVOC/CEVO)	<input type="checkbox"/> YES <input type="checkbox"/> NO		
CPR- (List level as given on card):	<input type="checkbox"/> YES <input type="checkbox"/> NO		
EMT License level of license: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO		
NIMS ICS Courses	<input type="checkbox"/> YES <input type="checkbox"/> NO		

Please indicate if you are an instructor in any of these areas. Please **submit copies** of all applicable certifications if you checked yes to anything listed above.

Others (please list):

PERSONAL REFERENCES

Do not list the same persons listed under the "work experience" category.	
Name (Last, First):	Occupation:
Business or Home Address:	Phone Number
How long have you known this person?	
Name (Last, First):	Occupation:
Business or Home Address:	Phone Number
How long have you known this person?	

Name (Last, First):	Occupation:
Business or Home Address:	Phone Number
How long have you known this person?	

WORK EXPERIENCE

Beginning with your present or most recent job, list your last two employers. You may also include volunteer or military experience relevant to the position for which you are applying.	
Name of Company:	Supervisor(s) Name and Phone Number:
Full Address (Number, Street, City, State, Zip):	Job Title:
Dates of Employment:	
Start (mo/yr):	End(mo/yr):
Reason for leaving:	Salary:
Name of Company:	
Supervisor(s) Name and Phone Number:	
Full Address (Number, Street, City, State, Zip):	Job Title:
Dates of Employment:	
Start (mo/yr):	End(mo/yr):
Reason for leaving:	Salary:
Name of Company:	
Supervisor(s) Name and Phone Number:	
Full Address(Number, Street, City, State, Zip):	Job Title:
Dates of Employment:	
Start (mo/yr):	End(mo/yr):
Reason for leaving:	Salary:

SCHEDULE AVAILABILITY

Please indicate the times you are able to work. Please understand that you may not necessarily be required to work during the times you list below. Times are estimates.

Please use the following codes: X = Shifts usually available O = Shifts sometimes available W = Work / School / Unavail.			
	6 a.m. – 6 p.m.	6 p.m. – 6 a.m.	Other
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			
SUNDAY			
Comments: <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>			

ALL APPLICANTS MUST MAKE THIS CERTIFICATION:

I certify that all information provided by me is true and correct to the best of my knowledge. I understand that false statement, omissions, or misrepresentations may be cause for rejection or, if employed, may be cause for my immediate dismissal.

Signature of applicant

Date

