

Shawnee County Fire District #1

218 West Railroad / P.O. Box 87
Silver Lake, KS 66539
785-582-4667

Employment Application

LAST NAME: _____ FIRST: _____ MIDDLE INITIAL: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: (_____) _____ WORK PHONE: (_____) _____ CELL PHONE: (_____) _____

D.O.B.: ____/____/____ SOCIAL SECURITY NUMBER: ____-____-____

LEVEL OF EDUCATION: HIGH SCHOOL: ____ GED: ____ ASSOCIATE DEGREE: ____ BACHELORS DEGREE: ____ OTHER ____

INDICATE POSITION YOU ARE APPLYING FOR: VOLUNTEER: ____ FULL-TIME DUTY OFFICER: ____ PART-TIME DUTY OFFICER: ____

FIRE SERVICE CERTIFICATIONS (check all that apply): FF-1: ____ FF-2: ____ FIRE OFFICER: 1 ____ DRIVER/OPERATOR: ____

INSTRUCTOR -1: ____ HAZ-MAT AWARENESS: ____ HAZ-MAT OPERATIONS: ____ HAZ-MAT TECHNICIAN: ____

IF OTHER, PLEASE INDICATE: _____

CURRENT E.M.S. CERTIFICATIONS: EMT: ____ EMT-I: ____ PARAMEDIC: ____ OTHER: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME (FELONY OR MISDEMEANOR)? YES ____ NO ____

IF YES, PLEASE INDICATE DATE, CHARGE, LOCATION, COURT, AND DISPOSITION: _____

DO YOU HAVE A CURRENT DRIVERS LICENSE? YES ____ NO ____

DRIVERS LICENSE NUMBER: _____ ISSUING STATE: _____

REFERENCES

Please list Personal References whom you have known for more than 5 years:

NAME: _____ RELATIONSHIP: _____ PHONE NUMBER: (_____) _____ - _____

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NAME: _____ RELATIONSHIP: _____ PHONE NUMBER: (_____) _____ - _____

EMPLOYMENT HISTORY

Beginning with you current employment, please list all the jobs you have held. Please include part-time, temporary and any volunteer work.

DATES EMPLOYED: FROM ____ / ____ / ____ TO ____ / ____ / ____

NAME OF EMPLOYER: _____ SUPERVISOR: _____

PHONE: (____) _____

FULL-TIME: ____ PART-TIME: ____ TEMPORARY: ____ VOLUNTEER: ____

DESCRIBE IN DETAIL THE DUTIES YOU PERFORMED: _____

REASON FOR LEAVING: _____

EMPLOYMENT HISTORY

DATES EMPLOYED: FROM ____ / ____ / ____ TO ____ / ____ / ____

NAME OF EMPLOYER: _____ SUPERVISOR: _____

PHONE: (____) _____

FULL-TIME: ____ PART-TIME: ____ TEMPORARY: ____ VOLUNTEER: ____

DESCRIBE IN DETAIL THE DUTIES YOU PERFORMED: _____

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DATES EMPLOYED: FROM ____ / ____ / ____ TO ____ / ____ / ____

NAME OF EMPLOYER: _____ SUPERVISOR: _____

PHONE: (____) _____

FULL-TIME: ____ PART-TIME: ____ TEMPORARY: ____ VOLUNTEER: ____

DESCRIBE IN DETAIL THE DUTIES YOU PERFORMED: _____

REASON FOR LEAVING: _____

