

SKYLINE FIRE RESCUE DISTRICT
EMPLOYEE APPLICATION

DATE: ____/____/____

PERSONAL INFORMATION

NAME(AS APPEARS ON DRIV.

LIC.)_____

PRESENT

ADDRESS:_____

(HOW LONG AT THIS LOCATION?)_____

HOME PHONE:_____ PAGER/CELL
PHONE(OPTIONAL)_____

AGE:_____ DATE OF BIRTH:____/____/____ SOCIAL SECURITY
#_____ - _____ - _____

HEIGHT:_____ WEIGHT:_____ EYES:_____

HAIR:_____

NAME OF

SPOUSE:_____

NAMES OF CHILDREN AND

AGE:_____

GENERAL INFORMATION

DRIVER'S LICENSE # _____

CLASS:_____ STATE:_____

HAVE YOU EVER HAD YOUR DRIVER'S LICENSE SUSPENDED OR REVOKED?

YES _____ NO _____

IS YOUR DRIVER'S LICENSE CURRENT AND VALID? YES _____ NO _____

HAVE YOU EVER BEEN ARRESTED OR CONVICTED OF A CRIME OTHER THAN A MINOR
TRAFFIC VIOLATION?

YES _____ NO _____ **IF YES, YOU WILL BE ASKED TO EXPLAIN AT YOUR
INTERVIEW.

DO YOU NOW OR HAVE YOU IN THE PAST TAKEN ANY ILLEGAL SUBSTANCES? YES _____

NO _____

IF YES, YOU WILL BE ASKED TO EXPLAIN AT YOUR INTERVIEW.

ARE YOU A U.S. CITIZEN: YES _____ NO _____

POSITION APPLYING FOR: _____ (Firefighters Only At This Time)

APPLYING FOR FULL TIME _____ PART TIME _____ DATE AVAILABLE FOR HIRE: _____

WOULD YOU HAVE ANY PROBLEM IN RESPONDING WHEN OFF DUTY WHEN ALERTED AND REQUIRED?

YES _____ NO _____ IF YES,

EXPLAIN: _____

SKILLS

DO YOU HAVE ANY PRIOR FIREFIGHTING EXPERIENCE? YES _____ NO _____ POSITION HELD _____

WHERE AND WHEN: _____

(IF YOU HAVE ANY CERTIFICATES OR TRAINING RECORDS, PLEASE ATTACH TO APPLICATION)

ARE YOU CERTIFIED AS: FFII _____ EMT _____ PARAMEDIC _____ INSTRUCTOR _____

WHAT IS YOUR MOTIVATING FACTOR FOR APPLYING AS A FIREFIGHTER AT SKYLINE?

WHAT QUALITIES OR SKILLS DO YOU POSSESS THAT WOULD CONTRIBUTE TO THE SUCCESS OF OUR DEPARTMENT?

EDUCATION

HIGH SCHOOL DIPLOMA/G.E.D.

NAME OF SCHOOL _____

LOCATION _____

LAST YEAR COMPLETED _____ DID YOU GRADUATE YES _____ NO _____

COLLEGE

NAME OF SCHOOL _____
LOCATION _____

LAST YEAR COMPLETED _____ DID YOU GRADUATE YES _____ NO _____

SUBJECTS STUDIED AND DEGREES
RECEIVED: _____

OTHER (TRADE, BUSINESS, ETC)

NAME OF SCHOOL _____
LOCATION _____

LAST YEAR COMPLETED _____ DID YOU GRADUATE YES _____ NO _____

SUBJECTS STUDIED AND DEGREES
RECEIVED: _____

OTHER (TRADE, BUSINESS, ETC)

NAME OF SCHOOL _____
LOCATION _____

LAST YEAR COMPLETED _____ DID YOU GRADUATE YES _____ NO _____

SUBJECTS STUDIED AND DEGREES
RECEIVED: _____

EMPLOYMENT HISTORY

1) CURRENT OR PREVIOUS
EMPLOYER _____ DATES _____

ADDRESS _____ CITY _____
STATE _____

PHONE _____ SUPERVISOR _____
POSITION _____

2) EMPLOYER _____ DATES _____

ADDRESS _____ CITY _____
STATE _____

PHONE _____ SUPERVISOR _____
POSITION _____

3) EMPLOYER _____ DATES _____

ADDRESS _____ CITY _____

STATE _____

PHONE _____ SUPERVISOR _____

POSITION _____

MILITARY RECORD

ARE YOU ACTIVE MILITARY YES ___ / OR PAST MILITARY YES ___ NO ___

RANK _____

DUTIES _____ PAST MILITARY PLEASE

ATTACH COPY OF DD214

REFERENCES

1) NAME _____

PHONE _____

ADDRESS _____ YEARS

KNOWN _____

2) NAME _____

PHONE _____

ADDRESS _____ YEARS

KNOWN _____

3) NAME _____

PHONE _____

ADDRESS _____ YEARS

KNOWN _____

PERSONS TO CONTACT IN CASE OF AN EMERGENCY:

NAME: _____ PHONE

ADDRESS: _____

RELATIONSHIP: _____

ALTERNATE:

NAME: _____ PHONE _____

ADDRESS: _____

RELATIONSHIP: _____

MEDICAL INFORMATION

MEDICAL DOCTOR: _____ PHONE _____

HOSPITAL OF
CHOICE: _____

DO YOU HAVE ANY HEALTH PROBLEMS THAT REQUIRE YOU TO SEE A DOCTOR ON A
REGULAR BASIS?

YES _____ NO _____

EXPLAIN: _____

DO YOU CURRENTLY TAKE ANY MEDICATION? YES _____ NO _____

IF YES, PLEASE LIST AND

EXPLAIN. _____

LIST ANY CHRONIC ILLNESS OR

DEFECT: _____

LIST ANY PHYSICAL OR MENTAL

LIMITATIONS: _____

ANY ALLERGIES:

BLOOD TYPE: _____

HAVE YOU HAD ANY KIND OF AN ACCIDENT IN THE PAST 2 YEARS THAT REQUIRED
HOSPITALIZATION?

YES _____ NO _____ IF YES,

EXPLAIN: _____

HAVE YOU HAD A RECURRING ILLNESS OR INJURY IN THE PAST 2 YEARS OTHER THAN A
COLD?

YES _____ NO _____ IF YES,
EXPLAIN: _____

DO YOU HAVE A PREVIOUS HISTORY OF BACK PROBLEMS OR INJURY? YES _____
NO _____
IF YES,
EXPLAIN: _____

DATE OF LAST PHYSICAL: _____ NAME OF
PHYSICIAN: _____

HAVE YOU EVER FILED A WORK COMP CLAIM? YES _____ NO _____
IF YES,
EXPLAIN: _____

IN THE EVENT ANY EMPLOYEE OF THIS DEPARTMENT IS INJURED OR BECOMES ILL AND IS TRANSPORTED TO A LOCAL HOSPITAL, AN OFFICER OF THE DEPARTMENT SHALL MAKE CONTACT IN PERSON WITH THE PERSON OR PERSONS NAMED TO CONTACT.

IN THE EVENT OF SERIOUS INJURY OR ILLNESS, AN OFFICER SHALL PROCEED TO THE HOSIPTAL WITH THE FIREFIGHTER.

AT ANY TIME ANY MEMBER OF THIS DEPARTMENT MUST BE TAKEN TO THE HOSPITAL, THE CHIEF OF THE DEPARTMENT SHALL BE NOTIFIED IMMEDIATELY.

*******NOTICE*******

AS PART OF THE DEPARTMENT'S NORMAL PROCEDURE FOR PROCESSING YOUR APPLICATION FOR EMPLOYMENT, INVESTIGATIONS MAY BE MADE, WHICH WILL PROVIDE APPLICABLE INFORMATION CONCERNING CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, WORK ETHICS, AND MODE OF LIVING. THIS CHECK MAY ALSO INCLUDE A BACKGROUND CHECK WITH LOCAL LAW ENFORCEMENT OF OUR CHOICE.

*******AGREEMENT*******

I HEREBY AUTHORIZE INVESTIGATION OF ALL STATEMENTS IN THIS RECORD BY THE SKYLINE FIRE RESCUE.

I CERTIFY THAT ALL STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF ANY KIND IS JUST CAUSE FOR REJECTION OF THIS APPLICATION.

I CONSENT TO A CRIMINAL BACKGROUND CHECK BEFORE ACCEPTANCE INTO THE DEPARTMENT.

I HEREBY AGREE THAT IF I BECOME AN EMPLOYEE, I WILL ATTEND ALL FUNCTIONS NECESSARY AND PERFORM ALL DUTIES LISTED OF THE DEPARTMENT WHENEVER POSSIBLE.

I CONSENT TO RANDOM DRUG TESTING. ANY REFUSAL OF TESTING WILL RESULT IN IMMEDIATE TERMINATION FROM THE DEPARTMENT.

I UNDER STAND THAT IF EMPLOYED, I WILL BE PLACED ON PROBATION FOR A PERIOD TO BE DETERMINED BY THE OFFICER'S OF THE DEPARTMENT.

I UNDERSTAND THAT EMPLOYMENT WITH THE SKYLINE FIRE DEPARTMENT IS AT WILL, AND THAT EITHER THE DEPARTMENT CAN TERMINATE THIS EMPLOYMENT AT ANY TIME FOR JUST CAUSE, OR I CAN TERMINATE THIS EMPLOYMENT WITHOUT CAUSE WITH A TWO WEEKS NOTICE. I FURTHER UNDERSTAND THAT NEITHER THIS APPLICATION NOR ANY OTHER WRITTEN OR ORAL COMMUNICATION I MAY RECEIVE FROM THE DEPARTMENT OR ANY OF ITS EMPLOYEES CONSTITUTES OR CREATES A CONTRACT OF EMPLOYMENT.

I UNDERSTAND THAT THIS IS A COMBINATION FIRE DEPARTMENT WITH PAID AND VOLUNTEER FIREFIGHTERS.

WORKING IN HARMONY WITH THE VOLUNTEERS IS A MUST, AND A CONDITION OF EMPLOYMENT.

I UNDERSTAND THAT ANY FIRE DEPARTMENT ISSUED EQUIPMENT WILL BE TURNED BACK TO THE DEPARTMENT WHEN REQUESTED BY AN OFFICER OF THE DEPARTMENT. REFUSAL TO TURN OVER DISTRICT EQUIPMENT WILL RESULT IN A CERTIFIED LETTER WITH A GRACE PERIOD OF TEN DAYS. AT WHICH TIME, A COPY OF THE CERTIFIED LETTER WITH RECEIVING SIGNATURE, WILL BE TURNED OVER TO THE STATES ATTORNEY'S OFFICE FOR LEGAL CHARGES TO BE FILED THROUGH THE SHERIFF'S OFFICE.

SIGNATURE: _____

DATE: _____

(SKYLINE FIRE RESCUE DISTRICT INC. IS AN EQUAL OPPORTUNITY EMPLOYER)

*******DEPARTMENT USE ONLY*******

RECOMMENDED BY CHIEF: _____

DATE: _____

ACCEPTED BY DEPARTMENT: YES _____ NO _____

DATE: _____

