

Garden City Fire Protection District



And Ambulance Service

Application and Personal Profile

NAME _____ **DATE OF BIRTH** _____

SOCIAL SECURITY # _____ **AGE** _____

DRIVERS LICENSE # _____

ADDRESS _____

CITY _____ **STATE** _____

PHONE # _____ **EMAIL ADDRESS:** _____

Are you currently employed? Yes No
May we contact your present employer Yes No
Are you available to work: Day Night Any
Have you ever been convicted of a felony? Yes No
If Yes, please explain _____

EMT EMT-P State _____ License # _____
 FF I FF II Location of fire training _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital, veteran stations, or any other legally protected status.

Application and Personal Profile Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview (s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

References

<u>Name</u>	<u>Address</u>	<u>Phone #</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

State any additional information that you feel may be helpful to us in considering your application

Employment

(List your present and most recent employer.)

Present Employer _____ **Address** _____ **Phone #** _____

Occupation _____ **Years of Service** _____ **Supervisor** _____

Previous Employer _____ **Address** _____ **Phone #** _____

Occupation _____ **Years of Service** _____ **Supervisor** _____

List any special talents. _____

List any hobbies which may be of interest. _____

Which shifts would you normally be available for? **Day** **Nights** **Both**

I understand that I will receive no payment for my service to the Fire District. I further understand that I will be required to obtain Fire Fighter I certification within my first year of service. I understand that the Fire District will provide the class for me free of charge. The only exceptions to this requirement are personnel serving as support staff.

Applicant Signature: _____ **Date:** _____