

# LEE COUNTY FIRE DEPARTMENT

## Employment Application

INSTRUCTIONS: This application must be filled out in detail. Failure to complete all sections, submit copies of High School Diploma, 10 Year Driving Record, Birth Certificate, and certificates or transcripts to show minimum training requirements or to sign this form may cause disqualification.

<b>APPLICANT INFORMATION</b>			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.	Desired Salary	
Position Applied for			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

<b>EDUCATION</b>			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

<b>REFERENCES</b>	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone (     )
Address	
Full Name	Relationship
Company	Phone (     )
Address	
Full Name	Relationship

Company	Phone ( )
Address	

PREVIOUS EMPLOYMENT			
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

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**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge. I understand that if employed by Lee County Fire Department, I may terminate my employment at any time for any reason or for no reason and that the county will have the same right. I understand that my employment may be terminated for giving false answers on this application. I hereby authorize the county to investigate my background, including, but not limited to, education, references, and prior experience and to contact any of my former employers, except those noted below. I hereby release Lee County Fire Department, current and past employers and references named herein, from liability or damage resulting from providing information requested. I understand that if there is a tentative decision to hire me, I will be requested to complete a pre-employment questionnaire and may be asked to have a physical exam or complete such skills testing as may be related to bona fide occupational qualifications of the job. I agree that acceptance of this application does not obligate by Lee County Fire Department to employ me or indicate that there are any positions available.

Signature

Date

