## 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.

| APPLICANT IN   | IFORMATION        |            |               |             |                |              |                |              |                  |  |      |  |  |
|--|-------------------|------------|---------------|-------------|----------------|--------------|----------------|--------------|------------------|--|------|--|--|
| Last Name  |                   |            |               | First       |                |              |                |              | M.I.             |  | Date |  |  |
| Street Address   |                   |            |               |             |                |              |                | Apartme      | Apartment/Unit # |  |      |  |  |
| City   |                   |            |               | State       |                |              |                | ZIP          | ZIP              |  |      |  |  |
| Phone  |                   |            |               | E-mail      | E-mail Address |              |                |              |                  |  |      |  |  |
| Date Available Social Sec  |                   |            | curity No. De |             |                |              | Desired Salary | sired Salary |                  |  |      |  |  |
| Position Applied fo  | r                 |            | ı             |             |                |              |                |              |                  |  |      |  |  |
| Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO |                   |            |               |             |                |              |                | NO 🗆         |                  |  |      |  |  |
| Have you ever worked for this company? YES \( \square\) NO \( \square\) If so, when?                 |                   |            |               |             |                |              |                |              |                  |  |      |  |  |
| Have you ever been convicted of a felony? YES \( \square\) NO  |                   |            |               |             | If yes,        | expla        | ain            |              |                  |  |      |  |  |
|  |                   |            |               |             |                |              |                |              |                  |  |      |  |  |
| EDUCATION  |                   |            |               | A 1.1       |                |              |                |              |                  |  |      |  |  |
| High School  | High School       |            |               | Address     |                |              |                |              |                  |  |      |  |  |
| From   | То                | Did you gr | aduate?       | YES NO      |                |              | Degree         |              |                  |  |      |  |  |
| College  |                   | ı          |               | Address     |                |              |                |              |                  |  |      |  |  |
| From   | То                | Did you gr | aduate?       | ate? YES NO |                |              | Degree         |              |                  |  |      |  |  |
| Other  |                   |            | Address       |             |                |              |                |              |                  |  |      |  |  |
| From   | То                | Did you gr | aduate?       | YES 🗌       | NO [           | ]            | Degree         |              |                  |  |      |  |  |
|  |                   |            |               |             |                |              |                |              |                  |  |      |  |  |
| REFERENCES   |                   |            |               |             |                |              |                |              |                  |  |      |  |  |
| Please list three pr   | rofessionai refer | ences.     |               |             |                | Dala         | tion abin      |              |                  |  |      |  |  |
| Full Name  |                   |            |               |             | Relationship   |              |                |              |                  |  |      |  |  |
| Company  |                   |            |               |             | Phone ( )      |              |                |              |                  |  |      |  |  |
| Address  |                   |            |               |             |                |              |                |              |                  |  |      |  |  |
| Full Name  |                   |            |               |             |                | Relationship |                |              |                  |  |      |  |  |
| Company  |                   |            |               |             |                | Phone ( )    |                |              |                  |  |      |  |  |
| Address  |                   |            |               |             |                |              |                |              |                  |  |      |  |  |
| Full Name  |                   |            |               |             |                | Relationship |                |              |                  |  |      |  |  |

| Company   |          |                    |                 | Phone           | (                 | )    |               |    |  |
|---|----------|--------------------|-----------------|-----------------|-------------------|------|---------------|----|--|
| Address   |          |                    |                 |                 |                   |      |               |    |  |
|   |          |                    |                 |                 |                   |      |               |    |  |
| PREVIOUS EMI  | PLOYMENT |                    |                 |                 |                   |      |               |    |  |
| Company   |          |                    |                 | Phone           | (                 |      | )             |    |  |
| Address   |          |                    |                 | Supervisor      |                   |      |               |    |  |
| Job Title   |          |                    | Starting Salary | \$              |                   |      | Ending Salary | \$ |  |
| Responsibilities  |          |                    |                 |                 |                   |      |               |    |  |
| From  | То       | Reason for Leaving |                 |                 |                   |      |               |    |  |
| May we contact your previous supervisor for a reference?                            |          |                    |                 | NO 🗆            |                   |      |               |    |  |
| Company   |          |                    |                 | Phone ( )       |                   |      |               |    |  |
| Address   |          |                    |                 | Supervisor      |                   |      |               |    |  |
| Job Title   |          |                    | Starting Salary | \$              |                   |      | Ending Salary | \$ |  |
| Responsibilities  |          |                    |                 |                 |                   |      |               |    |  |
| From  | То       | Reason for Leaving |                 |                 |                   |      |               |    |  |
| May we contact your previous supervisor for a reference?                            |          |                    |                 | NO 🗆            |                   |      |               |    |  |
| Company   |          |                    |                 | Phone ( )       |                   |      |               |    |  |
| Address   |          |                    |                 | Supervisor      |                   |      |               |    |  |
| Job Title   |          |                    | Starting Salary | \$ Ending Salar |                   |      | Ending Salary | \$ |  |
| Responsibilities  |          |                    |                 |                 |                   |      |               |    |  |
| From  | То       | Reason for Leaving |                 |                 |                   |      |               |    |  |
| May we contact your previous supervisor for a reference? YES $\square$ NO $\square$ |          |                    |                 |                 |                   |      |               |    |  |
|   |          |                    |                 |                 |                   |      |               |    |  |
| MILITARY SER  | VICE     |                    |                 |                 |                   |      |               |    |  |
| Branch  |          |                    |                 |                 |                   | From | То            |    |  |
| Rank at Discharge   |          |                    |                 |                 | Type of Discharge |      |               |    |  |
| If other than honorable, explain  |          |                    |                 |                 |                   |      |               |    |  |
|   |          |                    |                 |                 |                   |      |               |    |  |

## **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 of the Date of | te |
|---|----|
|---|----|

## **EQUAL EMPLOYMENT OPPORTUNITY FORM**

|   | Applicant Information      |        |                        |       |                          |   |  |
|---|----------------------------|--------|------------------------|-------|--------------------------|---|--|
| Full 1  | Name:                      |        |                        |       |                          |   |  |
|   | Last                       |        |                        | F     | irst M.I.                | _ |  |
| Addr  |                            |        |                        |       |                          |   |  |
|   | Street Address             |        |                        |       | Apartment/Unit #         |   |  |
|   | City                       |        |                        |       | State ZIP Code           | _ |  |
| Home Phone: ( ) Social  |                            |        |                        | lumbe | er:                      |   |  |
| Б.  |                            |        |                        |       |                          |   |  |
| Posii   | tion Applied for:          |        |                        |       |                          | _ |  |
|   | Voluntary Information      |        |                        |       |                          |   |  |
| This information is being requested in accordance with federal regulations. The information is voluntary and will not be used when considering you for employment with our company. |                            |        |                        |       |                          |   |  |
| Raci  | al or Ethnic Group         |        |                        |       |                          |   |  |
|   | American Indian/Alaskan    |        | Asian/Pacific Islander |       | Black/African American   |   |  |
|   | Hispanic/Latino            |        | White/Caucasian        |       | Other                    |   |  |
| Gene  | der                        |        |                        |       |                          |   |  |
|   | Female                     |        | Male                   |       |                          |   |  |
| Milit   | ary Service                |        |                        |       |                          |   |  |
|   | Pre-Vietnam Era            |        | Vietnam Era            |       |                          |   |  |
|   | Post-Vietnam Era           |        | Disabled Veteran       |       |                          |   |  |
| How   | did you hear about this po | ositio | n?                     |       |                          |   |  |
|   | Newspaper                  |        | Company Employee       |       | Professional Publication |   |  |
|   | Job Fair                   |        | Placement Office       |       | Web Site                 |   |  |
|   | Othor                      |        |                        |       |                          |   |  |