

EMPLOYMENT/VOLUNTEER HISTORY

List names of employers in consecutive order with present listed first. Account for periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. If you worked in any position under another name, please give name(s). PLEASE GIVE MONTH AND YEAR.

Employer/Company _____
Address: _____ Phone: _____
Immediate Supervisor and Title: _____
Job Title: _____ From: _____ to _____
May we contact this employer? Yes No
Description of Duties:

Reason for Leaving: _____

Employer/Company _____
Address: _____ Phone: _____
Immediate Supervisor and Title: _____
Job Title: _____ From: _____ to _____
May we contact this employer? Yes No
Description of Duties:

Reason for Leaving: _____

Employer/Company _____
Address: _____ Phone: _____
Immediate Supervisor and Title: _____
Job Title: _____ From: _____ to _____
May we contact this employer? Yes No
Description of Duties:

Reason for Leaving: _____

Employer/Company _____
Address: _____ Phone: _____
Immediate Supervisor and Title: _____
Job Title: _____ From: _____ to _____
May we contact this employer? Yes No
Description of Duties:

Reason for Leaving: _____

REFERENCES

Please provide at least three personal references, not relatives or former employers

Name: _____ **Phone:** _____
Address: _____ **E-mail:** _____
Occupation: _____ **How long have you known this person?:** _____

Name: _____ **Phone:** _____
Address: _____ **E-mail:** _____
Occupation: _____ **How long have you known this person?:** _____

Name: _____ **Phone:** _____
Address: _____ **E-mail:** _____
Occupation: _____ **How long have you known this person?:** _____

Name: _____ **Phone:** _____
Address: _____ **E-mail:** _____
Occupation: _____ **How long have you known this person?:** _____

As a condition of employment, you will be required to provide original documents establishing you identity and authorization to work, and if necessary, to complete the U.S. Immigration and Naturalization Form I-9.

AFFIDAVIT AND AUTHORIZATION TO INVESTIGATE

I certify that the answers and information given herein are true and complete to the best of my knowledge. I attest that all attachments to the application are true. I agree that Polk County Fire District No. 1 shall not be liable in any respect if employment is denied me or if employment is terminated because of false, incomplete or misleading information in my application or interview(s). I also authorize the companies, schools or persons named above to release to Polk County Fire District No. 1 all information regarding my employment, character, and qualifications. I hereby release said companies, schools or persons from all liability for any damage for issuing this information. I expressly waive all provisions of law prohibiting any physician, person, hospital or other institution that has or may hereafter attend or furnish me with treatment from disclosing to the company any knowledge or information thereby acquired. I understand that nothing contained in this employment application or in granting of an interview creates a contract between Polk County Fire District No. 1 and myself for employment or any other benefit. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon Polk County Fire District No. 1. If an employment relationship is established, I understand that unless specifically limited in a formally executed contract, I have the right to terminate employment at any time and for any reason and the company retains a similar right.

I agree that if I am accepted I may be asked to undergo a physical exam by a medical professional selected by the employer and a pass/fail physical agility test. The medical examination will include drug testing. I understand that any of the following may be cause for the discontinuing of my employment: 1.) results of the medical examination that identify positive results in drug testing or discloses physical conditions which will prevent my functioning as a Fire Fighter/Paramedic, and 2.) my failure to successfully complete the physical agility test. I consent to the release to the Employer any and all medical information as may be deemed necessary by the employer in judging my capability to perform the work for which I have applied.

Signature: _____ **Date:** _____