



## EMPLOYMENT EXPERIENCE

Start with your present or last job, not to exceed the past seven years. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status. Please list any previous FIRE EXPERIENCE first.

ACCOUNT FOR ANY GAPS IN EMPLOYMENT

IF YOU NEED ADDITIONAL SPACE, PLEASE CONTINUE ON A SEPARATE SHEET OF PAPER

|   |  |      |  |   |  |
|---|--|------|--|---|--|
| Employer/ Fire Department   |  |      |  | Dates Employed<br>From: ___/___/___ To: ___/___/___ |  |
| Address   |  | City | State  | Zip Code  | Hourly Rate/Salary<br>Start:                      Final: |
| Phone Number:   |  |      | May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |   |  |
| Your Last Job Title:  |  |      | Supervisor:  |   |  |
| Work Performed: List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.            |  |      |  |   |  |
| Reason for leaving : <input type="checkbox"/> Terminated <input type="checkbox"/> Resigned <input type="checkbox"/> Layoff <input type="checkbox"/> Other |  |      |  |   |  |
| Employer  |  |      |  | Dates Employed<br>From: ___/___/___ To: ___/___/___ |  |
| Address   |  | City | State  | Zip Code  | Hourly Rate/Salary<br>Start:                      Final: |
| Phone Number:   |  |      | May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |   |  |
| Your Last Job Title:  |  |      | Supervisor:  |   |  |
| Work Performed: List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.            |  |      |  |   |  |
| Reason for leaving : <input type="checkbox"/> Terminated <input type="checkbox"/> Resigned <input type="checkbox"/> Layoff <input type="checkbox"/> Other |  |      |  |   |  |
| Employer  |  |      |  | Dates Employed<br>From: ___/___/___ To: ___/___/___ |  |
| Address   |  | City | State  | Zip Code  | Hourly Rate/Salary<br>Start:                      Final: |
| Phone Number:   |  |      | May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |   |  |
| Your Last Job Title:  |  |      | Supervisor:  |   |  |
| Work Performed: List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.            |  |      |  |   |  |
| Reason for leaving : <input type="checkbox"/> Terminated <input type="checkbox"/> Resigned <input type="checkbox"/> Layoff <input type="checkbox"/> Other |  |      |  |   |  |



**NOTE TO APPLICANTS**

DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE READ ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner the essential functions of the job, with or without a reasonable accommodation?  Yes  No

**APPLICANT’S STATEMENT – ACKNOWLEDGEMENT - AGREEMENT**

I certify that all the information on this application is accurate and complete to the best of my knowledge and understand that misleading, false, incomplete, misrepresented statements will constitute sufficient cause for refusal of hire or termination of my employment. I have included a Twenty Dollar (\$20.00) application fee with the application.

I understand that neither the acceptance of this application nor the subsequent entry into any type of employment relationship with the Shenango Area Fire District creates an actual or implied contract of employment. I understand that, if I accept employment, it will be on an at-will basis. This means that either the Shenango Area Fire District or I have the right to terminate the employment relationship at any time, for any reason, with or without cause.

I authorize the Shenango Area Fire District to investigate information concerning my education, employment experiences and all other aspects of my background relevant to my proposed employment. I release the Shenango Area Fire District and its representatives from all liability arising from such investigation.

I agree that if I am under final consideration for membership at the Shenango Area Fire District, I will be given a drug and controlled substance screening test as a condition of employment. A positive test for drugs or controlled substance may mean that I will no longer be considered for application at the Shenango Area Fire District. The applicant may again apply for employment at the Shenango Area Fire District after twelve (12) months have elapsed. Should the applicant refuse to sign a consent form for such testing purposes, the applicant will no longer be under consideration for a position within the Shenango Area Fire District.

My signature indicates that I have read, understand and agree to all of the above.

Signature of applicant \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

**For SAFD Use only**

Application Received: \_\_\_\_\_

Application Accepted / Rejected: \_\_\_\_\_

If rejected; reason for rejection:

\_\_\_\_\_  
\_\_\_\_\_