

LONE JACK COMMUNITY FIRE PROTECTION DISTRICT

APPLICATION FOR EMPLOYMENT / MEMBERSHIP

PERSONAL INFORMATION

PRE-EMPLOYMENT QUESTIONNAIRE AN EQUAL OPPORTUNITY EMPLOYER

NAME (LAST NAME FIRST)			SOCIAL SECURITY NO.	
PRESENT ADDRESS	APT. NO.	CITY	STATE	ZIP
PERMANENT ADDRESS	APT. NO.	CITY	STATE	ZIP
ARE YOU 18 YEARS OR OLDER?, PHONE <input type="checkbox"/> YES <input type="checkbox"/> No		Date of Birth _____		

DESIRED EMPLOYMENT

POSITION	DATE YOU CAN START SALARY DESIRED			
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> No	IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?		YES	NO
EVER APPLIED TO THIS AGENCY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?		
EVER WORKED FOR THIS AGENCY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?		
REASON FOR LEAVING				
NAME OF LAST SUPERVISOR AT THIS COMPANY				
WHO REFERRED YOU TO THIS AGENCY? <input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> NEWSPAPER ADVERTISING <input type="checkbox"/> FRIEND				
<input type="checkbox"/> STATE EMPLOYMENT OFFICE	<input type="checkbox"/> COLLEGE PLACEMENT SERVICE	<input type="checkbox"/> WALK IN	<input type="checkbox"/> OTHER	

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

LONE JACK COMMUNITY FIRE PROTECTION DISTRICT

FORMER EMPLOYERS

LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT

NAME OF PRESENT OR LAST EMPLOYER				
ADDRESS		CITY	STATE	ZIP
STARTING DATE	LEAVING DATE		JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR?	YES	NO
NAME OF SUPERVISOR		TITLE	PHONE	
DESCRIPTION OF WORK				
REASON FOR LEAVING				

NAME OF PREVIOUS EMPLOYER				
ADDRESS		CITY	STATE	ZIP
STARTING DATE	LEAVING DATE		JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR?	YES	NO
NAME OF SUPERVISOR		TITLE	PHONE	
DESCRIPTION OF WORK				
REASON FOR LEAVING				

NAME OF PREVIOUS EMPLOYER				
ADDRESS		CITY	STATE	ZIP
STARTING DATE	LEAVING DATE		JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR?	YES	NO
NAME OF SUPERVISOR		TITLE	PHONE	
DESCRIPTION OF WORK				
REASON FOR LEAVING				

LONE JACK COMMUNITY FIRE PROTECTION DISTRICT

SERVICE RECORD

BRANCH OF SERVICE	DISCHARGE DATE	RANK

HAVE YOU EVER BEEN CONVICTED OF A FELONY ?	YES	NO
IF YES, EXPLAIN.		

AUTHORIZATION

I, (print full name) _____ hereby certify that all statements made in connection with this application are true and complete to the best of my knowledge and belief. I understand and agree that any misstatements or omissions of information provided herein will cause denial or forfeiture of my membership.

I further authorize all law enforcement agencies, US military agencies, Federal, State and local government agencies to furnish Lone Jack Fire Protection District with any and all information regarding me in order to determine suitability for membership as a public safety officer for the Lone Jack Fire Protection District. I further release said agency or person from all liability for any damages whatsoever that may occur from furnishing such information to Lone Jack Fire Protection District.

SIGNATURE _____ DATE _____

APPLICATION RECEIVED BY _____ DATE _____

DATE BACKGROUND CHECK COMPLETED _____

APPROVED FOR MEMBERSHIP YES _____ NO _____

SIGNATURE _____ DATE _____

LONE JACK COMMUNITY FIRE PROTECTION DISTRICT

GENERAL

DO NOT WRITE BELOW FOR INTERVIEWER'S USE ONLY

INTERVIEWED BY	DATE
COMMENTS	

INTERVIEWED BY	DATE
COMMENTS	

HIRED (DATE) FOR DEPT.	FOR POSITION	
SALARY WAGES	WILL REPORT	
APPROVED 1	EMPLOYMENT MANAGER	DATE
APPROVED 2	DEPARTMENT MANAGER	DATE
APPROVED 3	GENERAL MANAGER	DATE

REFERENCES

BELOW, GIVE THE NAMES OF THREE PERSONS YOU ARE NOT RELATED TO, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

	NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1				
2				
3				