

INTER CITY FIRE PROTECTION DISTRICT

EMPLOYMENT APPLICATION



Position you are applying for: _____ Date: _____

Applicant Information

Last Name: _____ First Name: _____ M.I. _____

Address: _____

City/State/Zip: _____

Telephone : _____ home/cell _____

Email Address: _____

Are you 18 years or older? Yes No

Are you lawfully authorized to work in the United States? Yes No

Education

Institution Name	Year Completed	Field of Study	Graduate or Degree
High School/GED			
College/University			
Business/Technical			
Additional			

Military Background

Have you served in the Armed Forces? Yes No Branch: _____

Number of Years Served? _____ Rank Achieved: _____

Occupational Specialty/Special Training: _____

References / Employment History

Name	Phone Number	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

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Please list all previous employment with your present or most recent employer first. If you have more than five previous employers, you should attach additional sheets utilizing the same format as the application.

Employer name and address:	Position title/duties, skills:		Start/End Date:
			Reason for leaving:
Salary:	Supervisor:	Telephone:	
Employer name and address:	Position title/duties, skills:		Start/End Date:
			Reason for leaving:
Salary:	Supervisor:	Telephone:	
Employer name and address:	Position title/duties, skills:		Start/End Date:
			Reason for leaving:
Salary:	Supervisor:	Telephone:	
Employer name and address:	Position title/duties, skills:		Start/End Date:
			Reason for leaving:
Salary:	Supervisor:	Telephone:	
Employer name and address:	Position title/duties, skills:		Start/End Date:
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Have you ever been convicted of a felony, misdemeanor or other violation of law other than traffic violation? Yes No

Are you subject to any pending charges at this time? Yes No

If you answered "yes" to either of the above questions, please complete the chart below.

Charge	Nature of Offense	Date	City/State Disposition of Case

I certify that the information contained in this application is correct to the best of my knowledge, and I understand that false information in the application may result in disqualification from further consideration or dismissal from employment. I authorize investigation of all statements made in this application, and I give consent for all persons contacted, including my former employers, to provide information concerning this application. I release each such person from liability for providing information. _____ (initial)

I agree to conform to the rules and regulations of the Inter City Fire Protection District, and I understand that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the District or myself. _____(initial)

EEOC Notice N-915.043 II states a pre-employment inquiry on the part of the employer for information such as date of birth or age on an application form is not, in itself, a violation of the Age Discrimination in Employment Act (ADEA). The ADEA of the 1967 prohibits discrimination in employment on the basis of age.

Prior to accepting an offer with the Inter City Fire Protection District, you as the applicant, will be required to:

- 1. Submit a Background Check which can be obtained at www.machs.mo.gov The cost for this is an estimated \$14.00 + processing fee.**
- 2. Submit a Drivers Record with Personal Information which can be obtained at any Missouri License Office and pay the fee of estimated \$3.00. (Residents outside of Missouri will need to contact their state for the proper procedures)**

It is the policy of the District to hire and retain individuals based upon their relative merits, abilities, experience, ambition, and availability to best serve the public interest without regards for factors such as race, color, gender, religion, creed, national origin, age, handicap, sexual orientation, disability, or political affiliation. The District complies with applicable Missouri and Federal laws and with the Equal Employment Opportunity Act and the Americans with Disability Act.

EMPLOYEE SIGNATURE _____ DATE: ____/____/____