

LEMAY FIRE PROTECTION DISTRICT EMPLOYMENT APPLICATION

PERSONAL INFORMATION

FULL NAME: _____ DATE: _____
First Middle Last

ADDRESS:

Street Address Apt/Suite

City State Zip Code

E-MAIL: _____ PHONE: _____

SOCIAL SECURITY NUMBER (SSN): _____ - _____ - _____

DATE AVAILABLE: _____

POSITION APPLIED FOR: _____

HAVE YOU COMPLETED ST. LOUIS COUNTY FIRE ACADEMY? ☐ YES ☐ NO

IF YES, PLEASE PROVIDE GRADUATION DATE AND CLASS NUMBER:

PARAMEDIC/EMT? ☐ YES ☐ NO

LICENSE NUMBER: _____

EXPIRATION DATE: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? ☐ YES ☐ NO

IF YES, PLEASE EXPLAIN: _____

EDUCATION

HIGH SCHOOL: _____ CITY / STATE: _____

FROM: _____ TO: _____

GRADUATE? ☐ YES ☐ NO DIPLOMA DATE: _____

COLLEGE: _____ CITY / STATE: _____

FROM: _____ TO: _____

GRADUATE? ☐ YES ☐ NO DEGREE: _____

OTHER: _____ CITY / STATE: _____

FROM: _____ TO: _____

DEGREE/CERTIFICATION: _____

OTHER: _____ CITY / STATE: _____

FROM: _____ TO: _____

DEGREE/CERTIFICATION: _____

PREVIOUS EMPLOYMENT

EMPLOYER 1: _____
Company / Individual

E-MAIL: _____ PHONE: _____

ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

STARTING PAY: \$ _____ ☐ HOUR ☐ SALARY ENDING PAY: \$ _____ ☐ HOUR ☐ SALARY

JOB TITLE: _____

FROM: _____ TO: _____

REASON FOR LEAVING: _____

EMPLOYER 2: _____
Company / Individual

E-MAIL: _____ PHONE: _____

ADDRESS: _____
Street Address Apt/Suite
City State Zip Code

STARTING PAY: \$ _____ ☐ HOUR ☐ SALARY ENDING PAY: \$ _____ ☐ HOUR ☐ SALARY

JOB TITLE: _____

FROM: _____ TO: _____

REASON FOR LEAVING: _____

EMPLOYER 3: _____
Company / Individual

E-MAIL: _____ PHONE: _____

ADDRESS: _____
Street Address Apt/Suite
City State Zip Code

STARTING PAY: \$ _____ ☐ HOUR ☐ SALARY ENDING PAY: \$ _____ ☐ HOUR ☐ SALARY

JOB TITLE: _____

FROM: _____ TO: _____

REASON FOR LEAVING: _____

REFERENCES

FULL NAME: _____ RELATIONSHIP: _____
First Last

COMPANY: _____ TITLE: _____

E-MAIL: _____ PHONE: _____

FULL NAME: _____ RELATIONSHIP: _____
First Last

COMPANY: _____ TITLE: _____

E-MAIL: _____ PHONE: _____

FULL NAME: _____ RELATIONSHIP: _____
First Last

COMPANY: _____ TITLE: _____

E-MAIL: _____ PHONE: _____

MILITARY SERVICE

ARE YOU A VETERAN? ☐ YES ☐ NO

BRANCH: _____ RANK AT DISCHARGE: _____

FROM: _____ TO: _____

TYPE OF DISCHARGE: _____

IF NOT HONORABLE, PLEASE EXPLAIN: _____

BACKGROUND CHECK CONSENT

DO YOU CONSENT TO A BACKGROUND CHECK? ☐ YES ☐ NO

DISCLAIMER

The Lemay Fire Protection District is an Equal Opportunity Employer. Qualified candidates will receive consideration during the hiring process without regard to race, creed, color, religion, age, sex, sexual orientation, national origin, marital status, ancestry or veteran's status.

I certify that my answers are true and honest to the best of my knowledge.

I authorize any person, organization or company listed on this application to furnish the Lemay Fire Protection District any and all information regarding my employment, education and qualifications for employment.

I understand that any position I am offered may be contingent upon passing a physical examination and/or criminal background screening. I authorize the Lemay Fire Protection District to obtain a copy of my criminal record for use in processing this application.

Further, if this application leads to my eventual employment, I understand that any false or misleading information in my application may result in my employment being terminated.

SIGNATURE

DATE

PRINT NAME
