



## Application for Employment

Thank you for considering Sisters-Camp Sherman Fire District in your job search. Sisters-Camp Sherman Fire District is an equal employment opportunity employer and does not discriminate on the basis of sex, age, race, color, religion, national origin, mental or physical disability, marital status or military service or (*any state protected classifications*). No application will be rejected as a result of a disability that, with reasonable accommodation, does not prevent performance of the essential job duties.

### CONFIDENTIAL

**Please complete by printing in dark ink or typed, complete all questions and sign your initials and name on the last page where indicated. Please attach your resume to this form.**

#### PERSONAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL
STREET ADDRESS	CITY AND STATE	ZIP CODE
HOME PHONE NUMBER	WORK PHONE NUMBER	DATE YOU CAN BEGIN
E-MAIL ADDRESS	POSITION APPLIED FOR	SALARY DESIRED

LEVEL AND TYPE OF EDUCATION	SCHOOL NAME	CITY AND STATE	LAST YEAR COMPLETED	DID YOU GRADUATE?
HIGH SCHOOL			_9 _10 _11 _12	__ YES __ NO
COLLEGE OR UNIVERSITY				DEGREE
OTHER SCHOOLS				CERTIFICATE OR LICENSE

SPECIAL SKILLS
Software Applications:
Other Skills:



Employer	Address
Telephone Number	Supervisor's Name
Job Title	Dates of Employment (month and year)
	From:                      To:
Reason for Leaving	Essential Job Duties

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**GENERAL INFORMATION**

May we contact your present employer?	<input type="checkbox"/> yes <input type="checkbox"/> no
Do you have the legal right to work in the United States? (if hired, you will be required to provide identification to prove eligibility for employment)	<input type="checkbox"/> yes <input type="checkbox"/> no
Have you been employed or attended school using any other name? If yes, please indicate Names previously used:	<input type="checkbox"/> yes <input type="checkbox"/> no
Have you ever been convicted, pled guilty or no contest, or forfeited bond or bail for any crime other than traffic violations?  If yes, please explain:  (Conviction of a crime is not an automatic bar to employment. Factors such as the nature and gravity of the crime, the length of time that has passed since the conviction and/or completion of any sentence, and the nature of the job for which you have applied will be considered.)	<input type="checkbox"/> yes <input type="checkbox"/> no
Are you able to perform the primary duties of the job as outlined in the newspaper advertisement, announcement, posting, job line, job description, with or without reasonable accommodation?  If no, please explain:	<input type="checkbox"/> yes <input type="checkbox"/> no
Do you have any employment restrictions resulting from a non-compete or confidentiality agreement?  If yes, please explain:	<input type="checkbox"/> yes <input type="checkbox"/> no

**ADDITIONAL INFORMATION:**

Please use the space provided to list any additional employers, periods of time not worked, or any other information that you believe we should know in considering your application for employment.

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**Please read carefully, initial each paragraph and sign below:**

\_\_\_\_\_ I certify that I have answered the above questions truthfully and have not withheld any information relative to my application. I understand that any falsification, misrepresentation, or omission, as well as any misleading statements or omissions of the application information, attachments, and supporting documents generally will result in denial of employment or immediate termination, if discovered after hire.

\_\_\_\_\_ I authorize (Sisters-Camp Sherman Fire District) to thoroughly investigate my references, work record, education and other matters related to my suitability for employment, and further authorize the references I have listed to disclose to the company any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I release (Sisters-Camp Sherman Fire District), my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_ I authorize (Sisters-Camp Sherman Fire District) to investigate whether I have a criminal record of convictions, and, if so, the nature of such convictions and all the surrounding circumstances of the conviction. (Sisters-Camp Sherman Fire District) has advised me that any criminal background check will focus on convictions, and that a criminal record will not necessarily disqualify me from employment.

\_\_\_\_\_ I understand and acknowledge that I may be required to submit to a physical examination, including drug test. Additionally, I hereby authorize the release of the results of such an examination to (Sisters-Camp Sherman Fire District) for their use in evaluating my suitability for employment. Further, I release the examining facility and (Sisters-Camp Sherman Fire District) from any and all liability, and from any damage that may result from the release of such information.

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**

(Supplement to Employment Application)

## **Important Information to Know Before Filling Out An Application for Employment With Sisters-Camp Sherman Fire District**

1. All areas of the application must be filled out completely and accurately. Please fill in the required information directly on the application and do not indicate “see resume”.
2. If you are offered a position with Sisters-Camp Sherman Fire District be aware that we may verify all of the information that you have written on the application, as well as your resume. If there is a discrepancy in your information, the job offer may be withdrawn. It is important to be sure that what you have written is correct.
3. If you have any questions about completing the application, it is important to please ask the Sisters-Camp Sherman Fire District representative who has been assisting you.

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### **Applicant Acknowledgement**

My signature below indicates that I have read and understand the importance of supplying accurate information on the application. I am also aware of the possibility of an offer of employment being withdrawn if any of the information is not correct.

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Signature of Applicant

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Date