

Coopersville/Polkton Area Fire Protection Authority



APPLICATION FOR EMPLOYMENT

To The Applicant. We appreciate your interest in the Coopersville/Polkton Area Fire Protection Authority. A clear understanding of your background and work history will aid us in evaluating you for a position.

We are an equal opportunity employer and shall consider qualified applicants for all positions without regard to race; color; sex; religion; national origin; age; height; weight; marital or veteran status; or disability.

PERSONAL

Name _____ Date of Application _____
(Last) (First) (Middle)

Address _____ Telephone No. _____
(Number) (Street) (City/State) (Zip)

Social Security No. _____ Are you 18 years or older? Yes ___ No ___

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

Have you been previously employed here? Yes ___ No ___ If yes, date(s) _____

Supervisor Name(s) _____

Have you filed an application with us before? Yes ___ No ___ If yes, date(s) _____

List any friends or relatives working here: _____

EMPLOYMENT DESIRED

Position(s) applied for: _____

Kind of work sought: Full time ___ Part time ___ Other _____

If part-time, please specify hours and days desired: _____

Hourly Rate Desired: _____

Date available to work _____

MILITARY SERVICE RECORD

Have you had any experience in the Armed Forces of the United States or in a State National Guard? Yes ___ No ___

Is yes, what branch? _____

Rank at Discharge _____

Are you in the reserves? Yes ___ No ___

If yes, date obligation ends _____

Special/technical training _____

EMPLOYMENT EXPERIENCE (List current or most recent job first)

1	Employer	Dates From To	Work Performed
	Address		
	Job Title	Hourly Rate/Salary Starting Final	
	Supervisor		
	Reason for Leaving		
2	Employer	Dates From To	Work Performed
	Address		
	Job Title	Hourly Rate/Salary Starting Final	
	Supervisor		
	Reason for Leaving		
3	Employer	Dates From To	Work Performed
	Address		
	Job Title	Hourly Rate/Salary Starting Final	
	Supervisor		
	Reason for Leaving		
4	Employer	Dates From To	Work Performed
	Address		
	Job Title	Hourly Rate/Salary Starting Final	
	Supervisor		
	Reason for Leaving		

EDUCATION

	Name/Location	Years Completed	Diploma Degree	Courses of Study
Elementary				
High School				
College				
Graduate				
Vocation/Training				

Any other educational training:

REFERENCES *(Do not include relatives or former employers)*

	Name	Address	Phone Number	Years Acquainted
1				
2				
3				

ADDITIONAL INFORMATION

Have you ever been convicted of a crime? Yes ____ No ____

If so, where, when and nature of offense

Do you have a valid driver's license? Yes ____ No ____ License No. _____

State _____ (This is only applicable if the position you are applying for requires driving)

List professional, trade, business or civic activities and offices held, excluding groups the name or character of which indicates race; color; sex; religion; national origin; age; marital or veteran status; disability

State any additional information that you feel may be helpful to us in considering your application.

AUTHORIZATION AND UNDERSTANDING

READ CAREFULLY BEFORE SIGNING

I have read and fully understand the questions that have been asked of me. I certify that I have completely, truthfully and accurately answered each and every question to the best of my knowledge. I understand that all of the inquiries on this application are subject to verification, and I authorize and request my former employers, references and educational institutions to provide the Authority with any information about me that it requests pursuant to its investigation and employment decision. I specifically waive written notice of such release of information and opinions, and I release such former employers, references, and educational institutions from any liability or claim relating to such release of information and opinions. I also authorize and request federal, state, and local governmental agencies to release to the Authority any information requested concerning any criminal convictions or pending felony charges on my record. I understand that any misrepresentation of the information I have supplied or failed to supply on this application for employment can result in rejection of this application or, if employment has commenced, immediate dismissal at the sole discretion of the Authority.

I understand and agree that, if employed, my employment with the Authority is to be on an at-will basis.

I understand and agree to the Authority's policy that its decisions on all employment related matters are final and are not subject to review or appeal outside the Authority, except where required by law.

I agree to submit to physical examinations, permitted by law, before and during my employment by a health care professional, at the request and expense of the Authority, and I agree to disclose completely all information requested at such examinations about my physical condition and medical history. I also agree that before and during my employment, at the request and expense of the Authority, I will cooperate with such medical tests (including blood, urine, hair or other testing) as the Authority may request to determine my suitability for employment, continued employment or to check for the presence of drugs or alcohol in my system. I also understand, as part of the application process, that I must satisfactorily pass such an examination to obtain employment. I waive and agree to not make any claims against the Authority (or any testing agency retained by it, or their employees, directors, owners, and agents) relating to any such testing, or from decisions made regarding my employment or termination of employment based upon the results of such testing or analysis.

I agree that if I am hired for a position that requires driving for the Authority then I agree to an annual review of my State Motor Vehicle Record.

I further agree that my employment is conditional upon satisfactory completion of documentation as required by the Immigration Reform and Control Act of 1986 and until such time as the results of my pre-employment physical (if such physical is required) is known.

Date

Signature

Applicant Release Form

I understand that the Coopersville/Polkton Area Fire Protection Authority will use the services of a Consumer Reporting Agency or sheriff's administration to perform a Criminal History Background Check as part of the procedure for processing my application for employment or promotion.

I understand that the consumer reporting agency will conduct an investigation that verifies my social security number and includes obtaining information regarding past employment and criminal background. The consumer reporting agency will track my counties of residence to search for criminal records.

I also understand that before I am denied employment based on information obtained in the report, I will receive a copy of the report and a written description of my rights under the Fair Credit Reporting Act.

I understand that the information contained in the Criminal History Background Check will be available to those persons involved in making employment decisions or performing the background investigation, and that this information will be used for the purpose of making an employment or promotion decision.

I hereby consent to the Criminal History Background Check as described above, and authorize the Coopersville/Polkton Area Fire Protection Authority to procure reports concerning my background as stated above.

Signature of Applicant

Date

Print Name of Applicant

Social Security Number