

Campbell County Fire Department 106 Rohan Avenue Gillette, WY 82716

Phone - 307-682-5319 Fax - 307-686-2222

APPLICATION FOR EMPLOYMENT

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POSITION APPLIED FOR:							
GENERAL INFORMATION							
Last Name	First Nam	ne	Middle Initia	Phone Number			
Address	City		State	Zip Code	Zip Code		
How long at present address	Are you at least 18 years old		Email Addre	Email Address			
Yes		No					
Are you legally entitled to work in the U.S.?	Social Se	ecurity Number (optional)	Cell Phone	Cell Phone			
EDUCATION & TRAINING			•				
High School Graduate or GED? Yes No		If no, list highest grad	le completed				
High School, College, Trade School,	Militar	ry (most recent firs	st)				
Name and Location		Dates Attended Month/Year	Years Completed	Graduate Yes/No	Degree/Diploma		
		From					
		То					
		From					
		То					
		From					
		То					
S-130/S-190 (Provide copies of certificates)	State Issued		Date Issu	Date Issued			
Medical Certification (EMR) (EMT) (Other) Circle	State Issued		Expiratio	Expiration Date			
Supplemental Information							
Drivers License Number		Class		Endorsements (air brakes, tankers, etc)			
State Issued		Expiration Date		License Restrictions			
Have you ever been convicted of, pleaded guilty or no violations)	o contest	to, or placed on probation f	for a violation of t	the law? (Exclude	minor violations traffic		
es No If yes, please attach additional sheet with full details							

WORK EXPERIENCE (most recent first)

Name

All employment for the past 10 years must be listed. Account for all time periods including military service, voluntary work and any periods of unemployment. Attach addition sheets if necessary

EMPLOYER			Job Title			Start Date				
Address										
City, State, Zip	End Date									
Supervisor										
Reason for leaving										
Job Duties										
			Job Title			Γ				
EMPLOYER	Start Date									
Address	_									
City, State, Zip	End Date									
Supervisor										
Reason for leaving										
Job Duties										
Г			1							
EMPLOYER Job Title						Start Date				
Address										
City, State, Zip	End Date									
	Supervisor									
Reason for leaving										
Job Duties										
			Job Title			1				
EMPLOYER	Start Date									
Address										
City, State, Zip	End Date									
Supervisor										
Reason for leaving	_									
Job Duties	_									
PERSONAL REFERENCES	Do not list previous emp	ployers or relati	ives							
Name	Phone Number	Address		Relationship	Email address					
						(if available)				
Name	Phone Number Address			Relationship		Email address				
					(if available)					
Name	Phone Number Address		Relationship		Email address (if available)					
					`	-,				

Address

Phone Number

Email address (if available)

Relationship

ADDITIONAL INFORMATION Describe all other relevant experience and training not listed in work or education sections of this application Include any wildland specific and/or specialized training PLEASE READ EACH STATEMENT BEFORE SIGNING I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disgualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. I understand that if I am extended an offer of employment it may be conditional upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying. I understand I may be required to successfully pass a drug screening exam. I hereby consent to a pre and/or postemployment drug screen as a condition of employment if required. I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EM-PLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. I have read, understand, and by my signature consent to these statements.

Signature:___

Date:_____