

Campbell County Fire Department 106 Rohan Avenue Gillette, WY 82716 Phone - 307-682-5319 Fax - 307-686-2222

APPLICATION FOR EMPLOYMENT

POSITION APPLIED FOR:

GENERAL INFORMATION

| Last Name | First Name Middle Initial Phone Number | | Phone Number |
|-----------------------------|--|------------|--------------|
| Address | City | State | Zip Code |
| How long at present address | Are you at least 18 years old Email Address Yes No | | |
| Date of Birth | Social Security Number (optional) | Cell Phone | |

EDUCATION & TRAINING

High School Graduate or GED? Yes

No

If no, list highest grade completed

High School, College, Trade School, Military (most recent first)

| Name and Location | | Dates Attended Month/Year | C | Years ompleted | Graduate Yes/No | Degree/Diploma |
|--|--------------|------------------------------|---|-------------------|--------------------|----------------|
| | | From To | | | | |
| | | From To | | | | |
| | | From To | | | | |
| S-130/S-190 (Provide copies of certificates) | State Issued | | | Date Issued | | |
| Medical Certification (EMR) (EMT) (Other) Circle | State Issued | | | Expiration Date | | |

Supplemental Information Are you legally allowed to work in the U.S.? Yes

| Drivers License Number | Class | Endorsements (air brakes, tankers, etc) |
|---|--|--|
| 8 - 21 | | |
| State Issued | Expiration Date | License Restrictions |
| | | |
| Have you ever been convicted of, pleaded guilty or no contest to, violations) | or placed on probation for a violation of th | e law? (Exclude minor violations traffic |
| Yes No If yes, please attach additional sheet with full details | | |

No

WORK EXPERIENCE (most recent first)

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 | | |

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| pervisor | | |
| Reason for leaving | | |
| Job Duties | | |

PERSONAL REFERENCES Do not list previous employers or relatives

| Name | Phone Number | Address | Relationship | Email address (if available) |
|------|--------------|---------|--------------|---------------------------------|
| Name | Phone Number | Address | Relationship | Email address (if available) |
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| Name | Phone Number | Address | Relationship | Email address (if available) |

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 disqualify 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: