

Enka Candler Fire & Rescue Department, Inc.

APPLICATION FOR EMPLOYMENT

Name _____.

Social Security Number _____ - _____ - _____.

Address _____.

City _____ State _____ Zip Code _____.

Home Phone _____ Work Phone _____.

Part Time or Full Time _____ Application Date _____.

Have you applied for this position before? _____ If yes, when? _____.

Date available for employment _____.

Are you 21 years of age or older? _____.

Are you authorized to work in the United States? _____.

Valid N.C. drivers license number _____.

Is this a Commercial drivers license (CDL)? _____. What class ? _____.

Have you ever been convicted of an offense other than a minor traffic violation? _____.

If yes, explain _____

_____.

Enka Candler Fire & Rescue Department, Inc.

EDUCATION

School Attended

Name & Address

Dates

Major Study

Graduated?

Name & Address	Dates	Major Study	Graduated?

Describe any education or training you have which is not covered above, such as vocational schools, service training, which you feel may be relevant to the job you are applying for. Include any licenses or certifications you have which may be helpful or required by this job. Include the name of the course or training, the name of the institution, length of course, and date of completion.

List any additional skills which may be beneficial to this job.

Enka Candler Fire & Rescue Department, Inc.

EMPLOYMENT HISTORY

List employment history beginning with most recent employer.

Position Title _____.
Employer _____.
Address _____.
Phone _____ From ____ / ____ To ____ / ____.
Supervisor _____ May we contact? _____.
Describe job duties _____
_____.
Reason for leaving _____.
Position Title _____.
Employer _____.
Address _____.
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REFERENCES

Please print name, phone number, and address for each reference.

1. _____ () _____.

_____.

2. _____ () _____.

_____.

3. _____ () _____.

_____.

4. _____ () _____.

_____.

I hereby certify that all information in this application and attachments are true. I authorize the Enka Candler Fire & Rescue Department, Inc to obtain medical, education, employment, and criminal history records necessary to process this application, and I understand that all information provided here is subject to verification. I agree as a condition of continued employment, to authorize periodic criminal history and driver license record checks. I acknowledge that any falsification on this application is grounds for disqualification and, if I am employed, for discipline including dismissal.

Applicant Signature

Date