

DAVID CROCKETT STEAM FIRE COMPANY NO. 1

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Date	Social Security #		Date of Birth:	
Name	Last	First	Middl	e
Present				
Address	Street	City	State	Zip
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Permanent Address				
	Street	City	State	Zip
Phone No	Cell Phon	e No		
Email	Mari	al Status	Child	ren
LA Drivers License	e #	Referred by:		
Have you had any	tickets or accidents in the past three (3) years	s? () Yes	() No If ye	es, give details below.
Have you ever be	en arrested for any charge? ()Yes	()No	If yes, give	details below.
Have you ever be	en discharged or asked to resign by an emplo	yee? ? () Yes	() No If yes, giv	re details below.
Have you ever be	en convicted of a felony? ()Yes	() No	If yes, give details	below.
EMPLOYME	NT DESIRED			
Position			Start Date	
-	If so, may	we inquire esent employer? ()	Yes ()No	
GENERAL				
Subjects of Specia	al Study or Job Related Skills			

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	Name/Location of School	Circle last year completed	Did you Graduate?	Subjects Studied and Degree (s) Received
Grammar School		1 2 3 4		
High School		1 2 3 4		
College		1 2 3 4		
Trade, Business or Correspondence School		1 2 3 4		

ORMER EMPLOYER:	List below your last four employer	s, starting with the last one first.
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Date, Month and Year	Name/Address of Employer	Phone Number	Position	Reason for Leaving
From				
То				
From				
То				
From				
То				
From				
То				

REFERENCES List below three persons not related to you, whom you have known at least one year.

Name	Address	Phone Number	Years Acquainted

AUTHORIZATION

(Application held on file for Six (6) months)

I certify that the facts contained in this application (an accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the Company.

I understand that any employment is conditioned on a background check. I authorize the Company to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the Company, without giving me prior notice of such disclosure.

If I am offered employment I agree to submit to a medical examination and drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the Company and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to the Company the results of the examination. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test, and if I am hired, a condition of my employment will be that I abide by the Company's Drug and Alcohol Policy.

I understand that filling out this form does not indicate there is a position open and does not obligate the Company to hire. If hired, I agree to abide by all Company work rules, policies and procedures. The Company retains the right to revise its policies and procedures, in whole or in part, at any time.

DATE	SIGNATURE SIGNATURE
DAIL	SIGNATURE