



Smithville Area Fire Protection District
341 Park Drive
Smithville, MO
64089

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Date of Birth : _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I hereby certify that the information in this application is true and correct, and I authorize the investigation of all statements contained in this application. I understand that the misrepresentation or omission of fact called for is cause for dismissal or refusal to hire and that nothing has been withheld that would affect my employment. If employed, I understand that I must furnish information required pertaining to birth date, sex, race, citizenship, marital status, and number of dependents and I agree to conform to the rules and regulations of the District. Further, I understand that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without previous notice.

Signature: _____ Date: _____

Authorization to Release Information

(Please read the following information before signing and submitting this authorization.)

In consideration of THE SMITHVILLE AREA FIRE PROTECTION DISTRICT acceptance and review of my employment application, I agree to the following:

I authorize SMITHVILLE AREA FIRE PROTECTION DISTRICT to investigate my background and to gather any and all information which it finds relevant in considering my application for employment. I authorize investigative background inquiries including, but not limited to, criminal convictions, motor vehicle reports, employment history reports, credit reports, and other reports. I understand that those reports will include information as to my character, work habits, performance, experiences, education, and reasons for termination from past employment. I understand and authorize that SMITHVILLE AREA FIRE PROTECTION DISTRICT may request this information from various federal, state, county, or other public and private sources which maintain records concerning my past activated related to my driving criminal, credit, civil, of other experiences.

I also authorize SMITHVILLE AREA FIRE PROTECTION DISTRICT to request information from any public agency, employer, or insurance company which maintains records concerning my past Workers' Compensation experience or claims. I understand that Workers' Compensation information will only be obtained after an offer of employment has been extended to me.

I authorize SMITHVILLE AREA FIRE PROTECTION DISTRICT to contract with any party or agency to furnish/collect the information set forth above.

I consent to SMITHVILLE AREA FIRE PROTECTIONS DISTRICT or its agent obtaining the above information, and I release and forever discharge SMITHVILLE AREA FIRE PROTECTION DISTRICT, its agents and any other party, person, or corporation supplying the foregoing information from any and all liability or responsibility in connection with supplying and/or gathering the foregoing information. I further release SMITHVILLE AREA FIRE PROTECTION DISTRICT and all other parties from any claims, damages, losses, liabilities, costs, and expenses, or any other charge or complaint filed with any agency, court, or administrative body arising from the retrieving, reporting, and use of this information.

I have read the above and understand the same.

Print Name _____ Maiden Name _____

Current Address _____ City, State, Zip _____

Social Security Number _____ Date of Birth _____

Driver's License Number _____ State License Issued _____

Applicant signature _____ Date _____

To Applicant: Federal and state law protects you from discrimination in employment on the basis of age, sex, and minority status. This employer is an Equal Opportunity Employer and intends to comply fully with those laws.