



Nunda Rural Fire Protection District Employment Application

General Information

Application Date: _____ Date of Birth: _____

Legal Name _____
Last First Middle

List any other names you have used or have been known by, including maiden name:

Street Address _____
Number City State Zip

Primary Phone Number __ (____) _____

Email _____

Driver's License Number _____ State Issued _____ Class _____

U.S. Citizen (circle one) Yes or No

Have you been convicted of any crimes? _____ If so, please explain: _____

Do you hold firefighter certificates? _____ Certificates

Military Service

Are you now or have you ever been in the military service? (circle one) Yes or No

If so, Branch of Service _____ Rank _____

Period of Service _____ Discharge Rank and Type _____

Employment History

Please list all jobs that you have held in the past ten years in chronological order starting with your current employment.

Employers Name _____

Street Address _____
Number City State Zip

Supervisor Name _____ Supervisor Title _____

Phone Number __ (_____) _____ May we contact them? _____

Job Description/Position _____

Employment Dates _____ to _____ Reason for Leaving _____

Employers Name _____

Street Address _____
Number City State Zip

Supervisor Name _____ Supervisor Title _____

Phone Number __ (_____) _____ May we contact them? _____

Job Description/Position _____

Employment Dates _____ to _____ Reason for Leaving _____

Employers Name _____

Street Address _____
Number City State Zip

Supervisor Name _____ Supervisor Title _____

Phone Number __ (_____) _____ May we contact them? _____

Job Description/Position _____

Employment Dates _____ to _____ Reason for Leaving _____

References

Please list three adults not related to you and not former employers who have known you for more than three years. All persons to whom you refer will be asked to appraise your character, ability, experience, personality, and other qualities.

First and Last Name _____

Street Address _____
Number City State Zip

Primary Phone Number __ () _____ Email _____

Relationship _____ Occupation _____

First and Last Name _____

Street Address _____
Number City State Zip

Primary Phone Number __ () _____ Email _____

Relationship _____ Occupation _____

First and Last Name _____

Street Address _____
Number City State Zip

Primary Phone Number __ () _____ Email _____

Relationship _____ Occupation _____

Disclaimer and Signature

I hereby authorize the Nunda Rural Fire Protection District to perform a Criminal and Motor Vehicle background check as a requirement of this application.

I have read and understand the above requirements and accept them as conditions of possible employment consideration. I also understand that any false statement or incorrect information provided may result in my removal from the hiring process.

Signature: _____ Date: _____