



Employment

Application

Packet

This page is intentionally blank

This page is intentionally blank

This page is intentionally blank



CROFT FIRE DISTRICT

Employment Application

| APPLICANT INFORMATION | | | |
|---|---|-----------------------------|---|
| Last Name | First | M.I. | Date |
| Street Address | | Apartment/Unit # | |
| City | State | ZIP | |
| Phone | E-mail Address | | |
| Date Available | Social Security No. | Desired Salary | |
| Position Applied for: | Drivers License Type, Number and State: | | |
| Are you a citizen of the United States? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Have you ever worked for this company? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, when? |
| Have you ever been convicted of a felony? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, explain |

| EDUCATION | | | |
|-------------|----|--|--------|
| High School | | Address | |
| From | To | Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree |
| College | | Address | |
| From | To | Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree |
| Other | | Address | |
| From | To | Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree |

| REFERENCES | |
|---|--------------|
| <i>Please list three professional references.</i> | |
| 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 <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| 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 <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| 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 <input type="checkbox"/> NO <input type="checkbox"/> | | | |

| MILITARY SERVICE | |
|----------------------------------|-------------------|
| Branch | From To |
| Rank at Discharge | Type of Discharge |
| If other than honorable, explain | |

| DISCLAIMER AND SIGNATURE | |
|---|------|
| I certify that my answers are true and complete to the best of my knowledge. | |
| If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. | |
| Signature | Date |



Pertinent Information that needs to be submitted for consideration of employment with the Croft Fire District

Legible Copies of the following documents must be submitted with your employment application.

- Birth Certificate**
- Driver's License**
- Social Security Card**
- High School Diploma or GED**
- DD214 (if applicable)**

All applications will be reviewed. Failure to complete any portion of the application, including failure to submit copies of required documents within specified time limits, may result in disqualification. A preliminary criminal history will be conducted of each applicant and then an executive review will be made of all applications. An eligibility list will be compiled based on the review. Well qualified candidates will be notified by telephone of the assessment center date, time and location. Disqualified applicants will be notified by mail.

Candidates must successfully complete a series of tests (assessment center). This testing consists of a written cognitive exam, a physical agility test of job-related tasks and an oral interview.

Candidates will be kept abreast of their employment status by mail or telephone. This is a position of public trust; all candidates selected for consideration will be subject to a very strenuous background investigation. Information consisting of sensitive or confidential aspects of your personal life will be explored. Also, a pre-employment NFPA physical and drug screen must be passed.

A period of six(6) to eight(8) weeks or longer could elapse between application filing deadlines and dates for hire.

All candidates, upon accepting a job offer will have a probationary period of at least six(6) months.



Authorization to Conduct Criminal History Check

The following information is required in the initial application phase in order to conduct an accurate criminal history check. Without an accurate background check, your application cannot be processed. The information requested below is used solely for the purpose of obtaining the background check.

Name: _____
Last + Suffix (Jr. Sr. etc.) Last Name (Maiden) First Middle

Date of Birth: _____ **Sex:** _____ **Race:** _____
Month/Day/Year

Drivers License: _____ / _____ **Social Security Number:** _____ - _____ - _____
State/Number

Contact Information

Home: (____) _____ **Cell:** (____) _____

In order to be considered for employment with the Croft Fire District, you cannot have committed a felony or a crime of moral turpitude. Have you ever been convicted of a felony or a crime of moral turpitude?

Yes: ____ **No:** ____ (Check the one that applies)

The following are grounds for immediate disqualification:

- Any type of drug use within the past two years
- Pending criminal charges or convictions on your criminal history. These convictions must be expunged prior to applying. This is normally done through the Solicitor's Office where the charges originated.

This information will be verified through a thorough background investigation.

Applicants Signature

Date



FCRA Authorization Form

Consent to Procurement of Consumer Credit Report

I understand that, as a condition of my consideration for employment with the Croft Fire District, or as a condition of my continued employment with the Croft Fire District, the district may obtain a consumer report that includes, but is not limited to, my creditworthiness or similar characteristics, employment and education verifications, social security verification, criminal and civil history, personal interviews, DMV records, any other public records and any other information bearing on my credit standing, credit capacity, character, general reputation, personal characteristics and trustworthiness.

I hereby authorize and consent for the Croft Fire District to procure of such a report. I understand that, pursuant to the federal Fair Credit Reporting Act, the Croft Fire District will provide me with a copy of any such report if the information contained in such report is, in any way, to be used in making a decision regarding my fitness for employment with the Croft Fire District. I further understand that such report will be made available to me prior to any such decision being made, along with the name and address of the reporting agency that produced the report.

Signature of Applicant or Employee

Date

Printed Name of Applicant or Employee



Authorization to Release Information

This is certification that I, _____, am an applicant for the position of _____, with the Croft Fire District and that I do hereby authorize the release of any and all information to the Croft Fire District that they may request; from whomever they may deem it necessary to make such a request, from any of my records or files.

Such information will include, but will not be limited to: hospital records, medical records, military records, arrest records, court records, police reports including juvenile records, credit reports, background investigative material and reports, polygraph examination reports, employment records, attendance records, traffic records, confidential records, educational records and transcripts, etc. I also release all persons from any liability which could result from furnishing said information to the Croft Fire District and direct the disclosure by third parties of materials requested to the Croft Fire District.

Further, I authorize the Croft Fire District to copy or otherwise reproduce this original document, and to let such copied or otherwise reproduced copy act as the original instrument. The original document is to be retained on file with the Croft Fire District.

I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me.

Date

Address of Applicant

Signature of Applicant

Printed Name of Applicant



The Croft Fire District strongly recommends that each candidate consult his or her physician with regard to participating in this physical evaluation.

Waiver Statement

The undersigned acknowledges, appreciates, and agrees that:

Printed Name of Candidate

The risk of injury from the activities involved in this physical assessment is significant, including the potential for permanent paralysis and death, the risk of serious injury does exist; and,

1. I knowingly and freely assume all such risks, both known and unknown, and assume full responsibility for my participation; and
2. I willingly agree to comply with the stated and customary terms and conditions for participation; and
3. If, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release and hold harmless the Croft Fire District, their officers, officials, agents and/or employees, with respect to any and all injury, disability, death, or loss or damage to person or property, whether arising from my own negligence or otherwise.

I have read this release of liability and assumption of risk agreement, fully understand its terms and sign it freely and voluntarily without any inducement.

Signed: _____

Date: _____

Emergency Information

In case of an emergency contact:

Print Name: _____

Telephone Number (s): _____

This page is intentionally blank

This page is intentionally blank

This page is intentionally blank



Affirmative Action Voluntary Information

Completion of the Information Below is Voluntary

We consider all applicants for positions without regard to race, color, religion, sex, national origin, age, veteran/reserve/national guard or any other similarly protected status.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is STRICTLY VOLUNTARY. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is not a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

Please Print

Position(s) applied for: _____ Date: ___/___/___

Referral Source

Walk In___ Government Employment Agency___ Private Employment Agency___ Employee___

Relative___ School___ Advertisement – Source_____

Other_____

Name of person who referred you, if applicable_____

Applicant Information

Name _____ Telephone (____) _____
Last First Middle

Address _____
Street City State Zip Code

Male___ Female___

Please check one of the following Equal Employment Opportunity Identification Groups:

White (not of Hispanic origin)___ Black (not of Hispanic origin)___ Hispanic___ American Indian/Alaskan Native___

Asian/Pacific Islander___

This page is intentionally blank

This page is intentionally blank

This page is intentionally blank

CROFT FIRE DISTRICT

Candidate Evaluation Form (For Fire Department Use Only)



| CANDIDATE INFORMATION | |
|-----------------------|--|
| Candidate | |
| Sled Background Check | |
| Training Certificates | |
| References Confirmed | |

| HIRING RECOMMENDATION | |
|-------------------------------|-----------------------------------|
| Hire <input type="checkbox"/> | Not Hire <input type="checkbox"/> |

| CANDIDATE EVALUATION | | | | | |
|----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Poor | Fair | Satisfactory | Good | Excellent |
| Knowledge of Specific Job Skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Related Job Experience | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Related Education or Training | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Initiative | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Communication/Listening Skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Attitude | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Interest in Department/Position | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| |
|-----------|
| STRENGTHS |
|-----------|

| |
|------------|
| WEAKNESSES |
|------------|

| |
|---------------------|
| ADDITIONAL COMMENTS |
|---------------------|