

EMPLOYMENT HISTORY

(Begin with the most recent)

Are you currently employed?	Yes	No	If yes, may we contact your present employer?	Yes	No
Current Employer Name			Dates of Employment (month/day/year)		
Address of Current Employer (Street, City, State, Zip Code)			Telephone Number of Current Employer		
Type of Business		Your Position Title			
Immediate Supervisor's Name		Immediate Supervisor's Title		Beginning Salary Current Salary	
Number of Employees you supervised		Average hours worked per week			
Description of Position Duties					

Previous Employer Name			Dates of Employment (month/day/year)		
Address of Previous Employer (Street, City, State, Zip Code)			Telephone Number of Previous Employer		
Type of Business		Your Position Title		Reason for Leaving	
Immediate Supervisor's Name		Immediate Supervisor's Title		Beginning Salary Ending Salary	
Number of Employees you supervised		Average hours worked per week			
Description of Position Duties					

Previous Employer Name			Dates of Employment (month/day/year)		
Address of Previous Employer (Street, City, State, Zip Code)			Telephone Number of Previous Employer		
Type of Business		Your Position Title		Reason for Leaving	
Immediate Supervisor's Name		Immediate Supervisor's Title		Beginning Salary Ending Salary	
Number of Employees you supervised		Average hours worked per week			
Description of Position Duties					

EDUCATION AND TRAINING

Do you possess a high school diploma or GED?		Yes	No
Circle or indicate last year of education completed. For high school diploma or GED circle "12." <10 11 12 13 14 15 16 17 18 >			
List formal education beginning with the most recent. Include high school, college, vocational or business school, apprenticeship, military training, etc.			
Name of School			
Address of School			
Type of credit (semester, quarter, CEU's, etc.)		Total credit hours	
Major(s) or course		Minor(s)	
Did you graduate?		Type of Degree	

Name of School			
Address of School			
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Major(s) or course		Minor(s)	
Did you graduate?		Type of Degree	

Use this space to identify any other educational experiences you have had which are pertinent to this position. Include workshops, seminars, military or vocational training etc. which are not listed above. Indicate time involved (hours per week, number of weeks, number of credits, etc.) Also list any motorized equipment you can operate.

Summarize special skills and qualifications, professional licenses or certifications that may qualify you for the position for which you are applying.

VOLUNTEER EXPERIENCE

Have you ever served as a volunteer firefighter?			Yes	No
Department Name	Address	Phone		
Positions				
Department Name	Address	Phone		
Positions				

I am interested in fire service roles that, at times, require heavy physical exertion (lifting or moving 100 pounds or more), working in hazardous situations, climbing to heights greater than ten feet, working in extreme weather			Yes	No	
Indicate your desired areas of interest. Check all that apply:					
<input type="checkbox"/>	Structural Firefighting	<input type="checkbox"/>	Wildland Fire	<input type="checkbox"/>	Rehab services
<input type="checkbox"/>	Hazardous Materials	<input type="checkbox"/>	Technical/Ice/Water/High Angle Rescue		
I am physically able to perform in these heavy physical exertion roles and <u>understand that a physical examination may be required.</u>			Yes	No	

I am interested in fire service support roles that require light to moderate physical activity.			Yes	No	
Indicate your desired areas of interest. Check all that apply:					
<input type="checkbox"/>	Apparatus driver/operator	<input type="checkbox"/>	Prevention educator	<input type="checkbox"/>	Equipment maintenance
<input type="checkbox"/>	Public information officer	<input type="checkbox"/>	Recruitment specialist	<input type="checkbox"/>	Fire Corps/Support Services
<input type="checkbox"/>	Prevention inspector	<input type="checkbox"/>	Administrative assistant	<input type="checkbox"/>	Rehab services

I will be able to respond: Check all that apply:									
<input type="checkbox"/>	All Calls	<input type="checkbox"/>	Morning	<input type="checkbox"/>	Afternoon	<input type="checkbox"/>	Night	<input type="checkbox"/>	Weekends
<input type="checkbox"/>		<input type="checkbox"/>	Mid Day	<input type="checkbox"/>	Evening	<input type="checkbox"/>	Week days	<input type="checkbox"/>	

Briefly state what interests you in serving with the fire department.

REFERENCES

(Other than Relatives and Direct Supervisors)

Name	Telephone
Relationship	Years Known

Name	Telephone
Relationship	Years Known

Name	Telephone
Relationship	Years Known

I hereby certify that this application is complete to the best of my knowledge and all information given is true and contains no misrepresentation. I am aware all statements submitted on this application are subject to investigation and verification. I understand that any withholding of information, misrepresentation, or falsification of statements on this application could result in rejection of volunteer service with the City of Spearfish Fire Department.

Release and Authorization to Conduct Pre-Service Background Check

In the event the City of Spearfish (“City”) extends you a conditional acceptance of volunteer services, the City will conduct an investigation into your background using the information from your application. The information gathered in that investigation will be used to determine your eligibility to a volunteer. Any negative factor in your background may be evaluated in terms of the circumstances and facts surrounding its occurrence and its degree of relevance to the position. Fingerprinting will be required.

I, the undersigned, hereby certify that the information I provided to the City for the purpose of being considered for a volunteer position is true and complete to the best of my knowledge.

In connection with my request to be considered for a volunteer position, I hereby authorize the City and its agents to investigate my background and obtain any and all information from any source and to keep and preserve records of such research. I voluntarily authorize all former employers; law enforcement agencies; state and federal agencies and subdivisions; motor vehicle departments; and city, state, county, and federal courts to release any information they may have about me to the City of Spearfish. Such requested information may include, but is not limited to: information about criminal convictions, driving record, work record, DOT-mandated drug and alcohol testing, social services records, civil court records, threatening or intimidating behavior, and unsafe or unlawful conduct.

A photocopy of this Authorization and Release may be treated as if it was an original. The original is maintained in the City of Spearfish Human Resources Department and will be available upon request.

I hereby release the City from any claims, liability, or damages related to any background check it may conduct in connection with my request to be considered for a volunteer position. I likewise hereby release from liability any party that complies with such a request in reliance on this Authorization and Release.

Sign Here _____

Date _____

Unsigned applications will be disqualified.

Response Time Notice: Some positions within the City of Spearfish will require residency within a distance from the City of Spearfish adequate to meet a thirty (30) minute response time.

Drug Testing: The City of Spearfish complies with the Drug-Free Workplace Act and the DOT Drug and Alcohol Regulations. As a condition for employment, the City requires post-offer pre-employment drug testing.

American with Disabilities Act: The City of Spearfish fully subscribes to the provisions of the Americans with Disabilities Act and will attempt in its employment process to make any reasonable accommodations necessary to assist qualified persons with disabilities.

Equal Employment Opportunity: It is the policy of the City of Spearfish to provide equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, sex, sexual orientation, national origin, creed, ancestry, pregnancy, age, genetic information, or disability in employment or the provisions of services, or any other basis prohibited by state or federal laws.