



CITY OF SEDALIA

Application for Employment – Fire Department

APPLICANT INFORMATION			
Last Name	First	M.I.	Date / /
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone () -	E-mail Address		
Date Available / /	Employment Desired <input type="checkbox"/> Firefighter / Recruit <input type="checkbox"/> Other		

BACKGROUND VERIFICATION	
Are you at least 21 years old ? <input type="checkbox"/> Yes <input type="checkbox"/> No	** Applicants must be at least 21 years of age to be invited to test ** <i>If you will turn 21 prior to the testing date, answer YES to this question</i>
Drivers License State / Number /	Date of Expiration / /

EDUCATION / CERTIFICATIONS	
High School	Date of Graduation /
College	Date of Graduation /
FF I/II Certification YES <input type="checkbox"/> NO <input type="checkbox"/> PENDING <input type="checkbox"/>	** Applicants must have passed FFI/II certification exams to be invited to test ** <i>If you will sit for the exam prior to the testing date, answer PENDING to this question</i>
Location Issued	Date of Completion /
EMT-B Certification YES <input type="checkbox"/> NO <input type="checkbox"/> PENDING <input type="checkbox"/>	** Applicants must have EMT-B certification to be invited to test ** <i>If you will sit for the exam prior to the testing date, answer PENDING to this question</i>
Location Issued	Dates of Completion /

REFERENCES	
<i>Please list three references.</i>	
Full Name	Relationship
Company	Phone () -
Address	
Full Name	Relationship
Company	Phone () -
Address	
Full Name	Relationship
Company	Phone () -
Address	

PREVIOUS EMPLOYMENT			
<i>Please list three most recent positions, beginning with the most recent.</i>			
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"/>

DISCLAIMER AND SIGNATURE	
<p>I certify that my answers are true and complete to the best of my knowledge. I understand that any misrepresentation or omission of information made by me in this application or any other documentation submitted for consideration of my employment will be sufficient cause for immediate discharge regardless of length of employment. I further understand that failure to complete this application in its entirety may be cause for my application to be disqualified from consideration. Applicants may request any needed accommodation to participate in the application process.</p> <p>In consideration of my employment, I agree to conform to the policies and procedures of the City of Sedalia, Missouri. Any employment and compensation can be terminated or changed with or without cause, and with notice at any time, at the option of the City of Sedalia.</p> <p>I hereby authorize the City of Sedalia, Missouri to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such confident information. I further agree that the City of Sedalia may furnish like information to those with whom I may hereafter seek employment and agree to save the City of Sedalia free and harmless from any and all liability thereof.</p>	
Signature	Date / /