

Employment Application

Complete this form electronically, save a copy, and email it to shield@southarkfire.org. You may include a resume as a separate attachment.

Use the Tab key to move between fields. Dates may be entered as MM/DD/YYYY. Do not include Social Security numbers or dates of birth.

1. Applicant information

Last name

First name

Middle initial

Email address

Phone number

Street address

City

State

ZIP code

2. Position and eligibility

Position applied for

Date available (MM/DD/YYYY)

Legally authorized to work in the United States?

Need employer sponsorship now or in the future?

Are you 18 years of age or older?

Have a valid, unexpired driver license?

Available to travel for work assignments?

Employment history

List up to three employers, starting with the most recent. If you email a resume with the application, you may leave the work-history fields blank.

3. Work history - current or most recent employer

Employer / organization

Position / job title

City, state, or location

Immediate supervisor name

From (MM/YYYY)

To (MM/YYYY, or Present)

May we contact this employer?

Reason for leaving (if applicable)

4. Work history - previous employer

Employer / organization

Position / job title

City, state, or location

Immediate supervisor name

From (MM/YYYY)

To (MM/YYYY, or Present)

May we contact this employer?

Reason for leaving (if applicable)

Work history and education

Provide another previous employer below. Education entries can include completed programs, certificates, or training.

5. Work history - additional employer

Employer / organization

Position / job title

City, state, or location

Immediate supervisor name

From (MM/YYYY)

To (MM/YYYY, or Present)

May we contact this employer?

Reason for leaving (if applicable)

6. Education

High school

School / institution name and location

Degree, credential, or course completed

College or university

School / institution name and location

Degree, credential, or course completed

Trade school

School / institution name and location

Degree, credential, or course completed

Other education or training

School / institution name and location

Degree, credential, or course completed

Skills, references, and certification

7. Relevant skills and training

Describe relevant training, certifications, and skills

8. Professional references

Provide two references; at least one should be a supervisor.

Reference 1

Full name

Company / organization

Relationship (e.g., supervisor)

Email address

Phone number

Reference 2

Full name

Company / organization

Relationship (e.g., supervisor)

Email address

Phone number

9. Certification and typed signature

By typing my name, I certify that the information I have provided is true and complete to the best of my knowledge. I understand that false information may affect hiring or continued employment. I authorize SAFPD to contact the references and former employers identified above, subject to any contact restrictions I selected.

Typed full name (electronic signature)

Date signed (MM/DD/YYYY)