

# APPLICATION FOR EMPLOYMENT

## Destin Fire Control District

848 Airport Road - Destin, FL 32541

Telephone (850) 837-8413 - Fax (850) 837-6715

<b>Personal Information</b>				
Name (Last name first)			Social Security #	
Present Address		City	State	Zip code
Previous Address		City	State	Zip code
Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	Telephone number	Cell number	Email address	
<b>Desired Employment</b>				
Position		Date you can start	Salary Desired	
Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, may we inquire of your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Ever applied to this District before? <input type="checkbox"/> Yes <input type="checkbox"/> No		When?		
Ever worked for this District before? <input type="checkbox"/> Yes <input type="checkbox"/> No		When?		
Reason for Leaving				
Name of last supervisor at this District				
Who referred you to this District?				
<b>Education</b>				
	Name of School:	Years of attendance:	Did you graduate? # years completed:	Type of Degree:
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	Year
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	Year
Professional School			<input type="checkbox"/> Yes <input type="checkbox"/> No	Year
<b>General</b>				
Subjects of Special Study or Research Work:				
Special Training:				
Special Skills:				

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### Employment History

Name of Present or Most Recent Employer				
Address		City	State	Zip code
Starting Date	Leaving Date	Job Title		
Weekly Starting Salary	Weekly Final Salary	May we contact your Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Supervisor		Title	Phone	
Description of Work				
Reason for leaving				
Name of Previous Employer				
Address		City	State	Zip code
Starting Date	Leaving Date	Job Title		
Weekly Starting Salary	Weekly Final Salary	May we contact your Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Supervisor		Title	Phone	
Description of Work				
Reason for leaving				
Name of Previous Employer				
Address		City	State	Zip code
Starting Date	Leaving Date	Job Title		
Weekly Starting Salary	Weekly Final Salary	May we contact your Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Supervisor		Title	Phone	
Description of Work				
Reason for leaving				

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### References

Below, Give the names of three (3) persons you are not related to, whom you have known at least one year.

	Name and Title	Relationship	Address	Phone
1.				
2.				
3.				

### Service Record

Honorable Discharge? ( ) Yes ( ) No

Branch of Service:

Discharge Date:

Rank:

Duties:

Have you been convicted of a felony within the last five (5) years? ( ) Yes ( ) No

If yes, explain (will not necessarily exclude you from consideration)

### Authorization

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all the information concerning my previous employment and any pertinent information that may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement, contrary to the foregoing, unless it is in writing and signed by an authorized District representative.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature