

Cedar Hammock Fire Rescue
CAREER EMPLOYMENT APPLICATION

Date of Application: _____ Desired Position: _____

Name (First, Middle, Last): _____

Is any additional information relative to a different name necessary for us to check your work record (alias)?

YES NO (If yes, please list) _____

Street Address: _____

City, St, Zip: _____ How Long?: _____

Mailing Address (if different): _____

City, St, Zip: _____

Home Phone: (_____) _____ Cell (_____) _____

Email Address : _____

Are you 18 years of age or older? YES NO Circle highest grade completed: 12 13 14 15 16 16+

High School: _____ City/State: _____

Degree or Certificate Earned: _____

Trade School: _____ City/State: _____

Degree or Certificate Earned: _____

College: _____ City/State: _____

Degree or Certificate Earned: _____

Other: _____ City/State: _____

Degree or Certificate Earned: _____

Military Service: YES NO (If yes, provide copy of DD214)

Preference will be given to eligible veterans and spouses. ARE YOU CLAIMING VETERAN'S PREFERENCE?

YES NO (Provide documentation as specified by Florida Administrative Code 55A-7.013)

List any other training or experience: _____

Are you legally eligible to work in the United States? YES NO (Proof must be provided if you are selected)

Have you ever been convicted of a felony or are there any felony charges pending against you? YES NO
(If yes, please describe below.)

INCIDENT	CITY/STATE	CHARGE
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State names of relatives already employed by us. _____

EMPLOYMENT HISTORY (Start with most recent employer)

Are you currently working for this employer? YES NO If yes, may we contact? YES NO

1) _____ (_____) _____
Company Name City State Phone

Dates Employed Job Title Supervisor Name

Duties _____

_____ per _____
Salary (Hour, Week, Month) Reason for leaving

2) _____ (_____) _____
Company Name City State Phone

Dates Employed Job Title Supervisor Name

Duties _____

_____ per _____
Salary (Hour, Week, Month) Reason for leaving

3) _____ (_____) _____
Company Name City State Phone

Dates Employed Job Title Supervisor Name

Duties _____

_____ per _____
Salary (Hour, Week, Month) Reason for leaving

REFERENCES List at least 3 - include only people familiar with your work ability who are not related to you.

Name	Address/Phone	Years Known/Relationship
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1) _____

2) _____

3) _____

I verify that the statements I have made in this application are true and complete. I understand that if I am hired, any false or incomplete statements in this application may be grounds for discharge.

SIGNATURE: _____ DATE: _____