

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)?

If yes, please list.

Address:

City, State, Zip:

Mailing Address (if different):

City, State, Zip:

Home Phone:

Cell Phone:

Email:

Are you 18 years of age or older?

Highest Grade Completed:

High School:

City, State, Zip:

Degree or Certificate Earned:

Trade School:

City, State, Zip:

Degree or Certificate Earned:

College:

City, State, Zip:

Degree or Certificate Earned:

Other:

City, State, Zip:

Degree or Certificate Earned:

Military Service: *(If yes, provide copy of DD214)* Preference will be given to eligible veterans and spouses.

ARE YOU CLAIMING VETERAN'S PREFERENCE?

(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? *(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?
(If yes, please describe below.)

INCIDENT:

CITY/STATE:

CHARGE:

INCIDENT:

CITY/STATE:

CHARGE:

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? Choose an item. If yes, may we contact them?

1. Company Name: _____ City, State Zip: _____
Phone: _____ Job Title: _____
Supervisor Name: _____ Dates Employed: _____
Duties: _____
Reason for leaving: _____
2. Company Name: _____ City, State Zip: _____
Phone: _____ Job Title: _____
Supervisor Name: _____ Dates Employed: _____
Duties: _____
Reason for leaving: _____
3. Company Name: _____ City, State Zip: _____
Phone: _____ Job Title: _____
Supervisor Name: _____ Dates Employed: _____
Duties: _____
Reason for leaving: _____

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

Full Name, Address, Phone Number, Years Known and Relationship:

1. _____
2. _____
3. _____

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 _____