

Edwardsville Fire Department Application

Edwardsville Fire Department
698 S. 4th Street
Edwardsville, KS 66113
Phone: (913) 422-5460
Fax: (913) 422-8206



The City of Edwardsville, Kansas is an equal opportunity employer and will ensure that all applicants are considered for hire without regard to race, color, religion, national origin, sex, age, disability, or veteran status.

APPLICATION

Position(s) Applied For	Date of Application
How Did You Learn About Us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> City Website <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other _____	

Last Name	First Name	Middle Name
Address Number Street City State Zip Code		
Telephone Number(s)		Social Security Number (Voluntary) _____ - ____ - _____
Driver's License #: _____ State: _____ Exp. Date: _____		

Best time to contact you:	_____ : _____ am / pm
Are you at least 18 years of age or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever filed an application with us before? If Yes, give date _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been employed with us before? If Yes, give date _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do any of your friends or relatives work here? If Yes, state name, relationship and department _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
May we contact your present employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? <i>Proof of citizenship or immigration status will be required upon employment.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date available for work: ____ / ____ / ____	What is your desired salary range? _____
Are you available to work:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Volunteer
Are you currently on "lay-off" status and subject to recall?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you travel if a job requires it?	<input type="checkbox"/> Yes <input type="checkbox"/> No
WE ARE AN EQUAL OPPURTUNITY EMPLOYER	

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe professional, trade, business or civic activities and offices held.

Other Qualifications: Summarize special job-related skills and qualifications acquired from employment or other experience.

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Can you perform the essential functions of the job for which you are applying, either with or without a reasonable accommodation? Yes No

Personal References (*Do not include family members*)

Name	Phone Number	Years Known	Occupation
1			
2			
3			

Professional References (*Do not include family members*)

Name	Phone Number	Years Known	Occupation
1			
2			
3			

PLEASE READ CAREFULLY--APPLICANT'S CERTIFICATION AND AGREEMENT

I understand that if employed, any misrepresentation of facts on this application is sufficient cause for disapproving my appointment or for discharge after appointment. The City of Edwardsville, in considering my application for employment, may verify the information relating to my background. I authorize all persons, schools, companies, corporations and law enforcement agencies to supply any information concerning my background. I understand that upon an offer of employment, I may be subject to pass a drug screen and physical examination prior to employment.

Applicant Signature

Date