

Tightwad Fire Protection District Internal Application

Personal Information

Name (Last, First, Middle, Suffix): _____

Are you at least 18 years old? Yes No

Position Information

Position Sought: Firefighter
 EMT
 Firefighter/EMT

Date Available to Start
 ____/____/____

Availability

Days: Sun Mon Tue Wed Thu Fri Sat
 Evenings: Sun Mon Tue Wed Thu Fri Sat
 Overnights: Sun Mon Tue Wed Thu Fri Sat
 How many hours per week can you commit to being available? _____

Additional Education Information Since Initial Employment

Type of Schooling	School Name and Location	Major/Minor, Years Completed, Type of Degree etc.	Graduate?
			<input type="checkbox"/> Yes
			<input type="checkbox"/> No

Change in Military Experience Since Initial Employment

No Military Experience or change in military experience

Describe any change: _____

Additional or Change in Work History Since Initial Employment

Present or Most Recent Employer First

Employer: _____ Beginning MM/YY: ____/____ Ending MM/YY: ____/____
 Present Employer

Position/Title(s): _____

Duties/Responsibilities: _____

Attach additional pages if necessary

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Additional Licenses Since Initial Employment (attach documentation)

License Issued: _____	
Issuing Entity: _____	
Issuing Date: ____/____/____	Expiration Date: ____/____/____ (if any)

Revocation/Suspension of Any License or Certification Since Initial Employment (attach any documentation)

License/Certification: _____	
Reason & Resolution: _____	
Date of Revocation/Suspension: ____/____/____	Date Revocation/Suspension Expires: ____/____/____ (if any)

Training or Additional Education since initial employment (attach documentation)

Training/Course of Study: _____	
Organization/Location: _____	
Achievement: <input type="checkbox"/> Completion/Pass <input type="checkbox"/> Certificate <input type="checkbox"/> Degree	Expiration Date: ____/____/____ (if any)

(Italicized items on this form are not required unless the information is a bona fide occupational qualification (BFOQ) for employment)

Attach any additional information or qualifications relevant to the position sought

I certify that the information in this application is correct and complete to the best of my knowledge and belief and that I can fulfill all of the requirements for the position sought. Further, I understand that consideration for the position sought is contingent upon the results of a background investigation, and that any false statement or misrepresentation of the facts on the application may be cause for rejection of my application, or for termination of my employment.

Employee Signature: _____ Date: ____/____/____