



# Polk County Fire District No. 1 Employment Application



PLEASE PRINT LEGIBLY OR TYPE

The Polk County Fire District No. 1 is an equal opportunity employer and does not unlawfully discriminate on the basis of race, sex, age, color, religion, natural origin, marital status, veteran status, disability status or any other basis prohibited by federal, state or local law.

### Instructions

Answer each question fully and accurately. If you need additional space, continue your answer(s) on a separate sheet of paper. No action can be taken on this application until all questions have been answered.

**Position Applied For:** Home Responding Volunteer       Resident Volunteer   
 Temporary/On-Call Paramedic       Full-Time Career

**Date:** \_\_\_\_\_ **When are you available to start?:** \_\_\_\_\_

**NAME** \_\_\_\_\_  
LAST NAME                      FIRST NAME                      MIDDLE NAME

**ADDRESS** \_\_\_\_\_  
STREET ADDRESS                      CITY                      STATE                      ZIP

Home/cell phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

May we contact you at work? Yes  No       Work phone: \_\_\_\_\_

Have you possessed a Driver's license for the last three years? Yes  No

Are you at least 18 years of age? Yes  No

Do you have any physical limitations which would prevent or impair performance of the job which you are applying?      Yes  No

Would you take a physical examination if it is required for the job which you are applying?  
 Yes  No

Have you ever applied at Polk County Fire District No. 1 before?  
 Yes  No

If yes, when and what position? \_\_\_\_\_

## EMPLOYMENT/VOLUNTEER HISTORY

List names of employers in consecutive order with present listed first. Account for periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. If you worked in any position under another name, please give name(s). PLEASE GIVE MONTH AND YEAR.

**Employer/Company** \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Immediate Supervisor and Title: \_\_\_\_\_  
Job Title: \_\_\_\_\_ From: \_\_\_\_\_ to \_\_\_\_\_  
*May we contact this employer? Yes  No*   
Description of Duties:  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

**Employer/Company** \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Immediate Supervisor and Title: \_\_\_\_\_  
Job Title: \_\_\_\_\_ From: \_\_\_\_\_ to \_\_\_\_\_  
*May we contact this employer? Yes  No*   
Description of Duties:  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

**Employer/Company** \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Immediate Supervisor and Title: \_\_\_\_\_  
Job Title: \_\_\_\_\_ From: \_\_\_\_\_ to \_\_\_\_\_  
*May we contact this employer? Yes  No*   
Description of Duties:  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

**Employer/Company** \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Immediate Supervisor and Title: \_\_\_\_\_  
Job Title: \_\_\_\_\_ From: \_\_\_\_\_ to \_\_\_\_\_  
*May we contact this employer? Yes  No*   
Description of Duties:  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_



## REFERENCES

Please provide at least three personal references, not relatives or former employers

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_  
**Occupation:** \_\_\_\_\_ **How long have you known this person?:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_  
**Occupation:** \_\_\_\_\_ **How long have you known this person?:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_  
**Occupation:** \_\_\_\_\_ **How long have you known this person?:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_  
**Occupation:** \_\_\_\_\_ **How long have you known this person?:** \_\_\_\_\_

As a condition of employment, you will be required to provide original documents establishing you identity and authorization to work, and if necessary, to complete the U.S. Immigration and Naturalization Form I-9.

## AFFIDAVIT AND AUTHORIZATION TO INVESTIGATE

I certify that the answers and information given herein are true and complete to the best of my knowledge. I attest that all attachments to the application are true. I agree that Polk County Fire District No. 1 shall not be liable in any respect if employment is denied me or if employment is terminated because of false, incomplete or misleading information in my application or interview(s). I also authorize the companies, schools or persons named above to release to Polk County Fire District No. 1 all information regarding my employment, character, and qualifications. I hereby release said companies, schools or persons from all liability for any damage for issuing this information. I expressly waive all provisions of law prohibiting any physician, person, hospital or other institution that has or may hereafter attend or furnish me with treatment from disclosing to the company any knowledge or information thereby acquired. I understand that nothing contained in this employment application or in granting of an interview creates a contract between Polk County Fire District No. 1 and myself for employment or any other benefit. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon Polk County Fire District No. 1. If an employment relationship is established, I understand that unless specifically limited in a formally executed contract, I have the right to terminate employment at any time and for any reason and the company retains a similar right.

I agree that if I am accepted I may be asked to undergo a physical exam by a medical professional selected by the employer and a pass/fail physical agility test. The medical examination will include drug testing. I understand that any of the following may be cause for the discontinuing of my employment: 1.) results of the medical examination that identify positive results in drug testing or discloses physical conditions which will prevent my functioning as a Fire Fighter/Paramedic, and 2.) my failure to successfully complete the physical agility test. I consent to the release to the Employer any and all medical information as may be deemed necessary by the employer in judging my capability to perform the work for which I have applied.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_