

Application for Employment Firefighter/EMT/Paramedic – Johnston Fire Department

All qualified applicants will receive consideration for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legal protected status.

Personal Information (Please Print) Date _____ Social Security _____

Name _____
Last
First
Middle

Present Address _____
Street
City
State
Zip

Phone No. 1- _____ Phone No. 2- _____

Email _____ Are you 18 years of age or older? Yes No
 If no, please list birth date _____

Are you a U.S. citizen or an alien authorized to work in the United States? Yes No

Have you ever served in the armed forces? Yes No Branch? _____ Dates of service* _____

* must submit proof of honorable service discharge (DD214) to receive veteran's preference (Code of Iowa Chapter 35C)

Do you currently have a valid Driver's License? Yes No Issuing State: _____

License#: _____ Commercial DL? Yes No

Have you ever been convicted of a felony*? Yes No

* A conviction does not automatically eliminate you from City employment since the nature of the crime and type of job for which application is made will be considered.

Date available for work _____ Salary Desired _____

Are you employed now? Yes No If so, may we inquire of your present employer? Yes No

Have you ever applied for a position with the City of Johnston? Do you have any relatives working for the City?
 Yes No Yes No

EDUCATION	Name and Location of School	Highest Grade Completed	Did You Graduate?	Subject Studied/Degree
High School				
College				
Business/Trade/ Technical School				

Describe any specialized training, apprenticeship, equipment operation, job related skills and qualifications you have acquired.

List any certifications and/or licenses you possess which are required for the position you are applying for and **attach copies**.

Former Employers (List below last four employers, starting with current or most recent employer)

Date: Month & Year	Employer Address/Phone Supervisor's Name	Hourly Rate	Job Title and Work Performed	Reason for Leaving
From: To:				
From: To:				
From: To:				
From: To:				

References (work related): Give the names of three persons not related to you whom you have known at least one year that we may contact regarding your qualifications.

Name	Address	Phone Number	Years Acquainted
1.			
2.			
3.			

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

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise. I authorize the City to contact any of the employers listed above to verify employment and work record. I release all parties from all liability for any damage that may result from furnishing same to you. I authorize the City to verify and investigate through law enforcement agencies the status of my driver's license and to conduct any background check it deems necessary.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice."

Date _____

Signature _____

Affirmative Action - Equal Opportunity Employer

AFFIRMATIVE ACTION DATA FORM

APPLICANT SURVEY **Human Resource Department**

TO ALL APPLICANTS:

The following requested information in no way affects you as an individual applicant. This information will be used to find out how effective our recruitment efforts are in reaching all segments of the population and in the validation of our selection methods.

Position applying for: _____

Check one: Male Female **Date of Birth** _____

Check one of the following Race/Ethnic Groups:

White Black Hispanic Asian American Indian Other

Check if Veteran

How did you learn about job?

- Office Visit
- Phone call to office
- Newspaper Ad (Name of Paper) _____
- Website (specify) _____
- City Employee
- City Cable Channel
- Other (specify) _____

Please indicate if you have a handicap which requires special testing arrangements.
