

JOHNSON COUNTY FIRE PROTECTION DISTRICT

Junior Employment Application



APPLICANT INFORMATION			
Last name	First Name	Initial	Date
Street Address			
City	State	Zip Code	
Date of Birth	Email Address		
Daytime Phone ()	Evening Phone ()	Cellular Phone ()	
Social Security No.	Drivers License No./State		
Parent(s)/Guardian(s):			
Parent Work/Contact Phone: ()			
Are you a US citizen? YES <input type="checkbox"/> NO <input type="checkbox"/>		If not, do you have a permit to work in the US? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever worked for this company? YES <input type="checkbox"/> NO <input type="checkbox"/>		If so, when?	

EDUCATION		
High School:	Location:	
Years Attended:	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree obtained? YES <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/>
Technical/Business:	Location:	
Years Attended:	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree obtained? YES <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/>
Other:	Location:	
Years Attended:	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree obtained? YES <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/>

SKILLS		
<i>Describe any training/experience/special skills which would be an asset in performing the duties of the position.</i>		
LICENSE/CERTIFICATE	DATE ISSUED	ISSUING AUTHORITY
<i>List any licenses/certifications relevant to the duties of the position.</i>		

REFERENCES*List three references that are not related to you and have knowledge of your work history, character or ability to perform the duties of the position.*

Name	Address
Business	Contact No. ()
Name	Address
Business	Contact No. ()
Name	Address
Business	Contact No. ()

EMPLOYMENT HISTORY*Begin with most recent employer first.*

Company	Phone No ()	
Address	Supervisor	
Job Title		
Description of Duties		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company	Phone No ()	
Address	Supervisor	
Job Title		
Description of Duties		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company	Phone No ()	
Address	Supervisor	
Job Title		
Description of Duties		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

Have you ever been convicted of an offense other than traffic related violations? YES NO

If yes, explain: _____

As used in this application, "convicted" includes pleas of guilty, pleas of nolo contendere or findings of guilt whether or not imposition or execution of sentence is suspended.

DISCLAIMER AND SIGNATURE

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, any false or misleading information given in this application or accompanying documentation may be grounds for dismissal.

I authorize investigation of all information provided, my character, reputation and abilities. I also authorize the references and employers listed to give you any and all information concerning my previous employment and any pertinent information they may have and release the District and those supplying such information from all liability for any damage that may result from utilization of such information.

I authorize the Johnson County Fire Protection District to conduct inquiries into my driving record and to perform a criminal records background check.

I understand this application is not a, nor is it intended to be, a contract for employment.

Signature of Applicant

Date

Signature of Parent(s)/Guardian(s)

Date

The Johnson County Fire Protection District does not discriminate against any employee or applicant for employment regardless of economic or social status and will not discriminate on the basis of race, color, ethnic origin, national origin, creed, religion, political belief, sex, sexual orientation, marital status, age, veteran status, or physical or mental disability.



Johnson County Fire Protection District
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JUNIOR FIRE FIGHTER PROGRAM

CONSENT FORM

We have reviewed the application and Junior Fire Fighter Program Guidelines for the Johnson County Fire Protection District and understand the requirements of being a Junior Fire Fighter.

We also understand _____ performance, responsibilities and duties as a Junior Fire Fighter with the Johnson County Fire Protection District should he be appointed as a Junior Fire Fighter.

We hereby give _____ our consent to become a Junior Fire Fighter with the Johnson County Fire Protection District.

Parent(s)/Guardian(s): _____ Date: _____
(PRINT)

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Signature of Parent(s)/Guardian(s): _____ Relationship: _____

_____ Relationship: _____

Signature of Applicant: _____ Date: _____