

Employment Application for the City of Lincoln Fire Department

Your application will be considered with others without regard to race, color, religion, sex, national origin, age, ancestry, handicap, disability or other legally protected status, in accordance with all applicable legal requirements. All information contained in or connected with the application will be considered personal and confidential and used only in conjunction with your possible employment. We are an equal opportunity employer.

Application Date: _____

Name: _____

Last, First MI

Date of Birth: _____ Social Security Number: _____

Home Phone: _____

Cell Phone: _____

Present Address

Street: _____

City: _____

State: _____ Zip: _____

E-mail Address: _____

Work or Alternate Phone: _____

Are you a United States citizen? Yes: _____ No: _____

Are you currently a member of a full time fire dept? Yes: _____ No: _____

LEGAL

Have you ever been charged and / or convicted of any criminal charge whether felony or misdemeanor: Yes: _____ No: _____

IF THE ANSWER TO THE LEGAL QUESTION IS YES, ATTACH A DETAILED EXPLANATION TO YOUR APPLICATION. INCLUDE DATE, PLACE, CHARGE, AND FINAL DISPOSITION.

DRIVING RECORD

Drivers License Number: _____

State: _____ Class: _____ Exp. Date: _____

PROVIDE DETAILS REGARDING ANY ACCIDENTS, TRAFFIC CONVICTIONS, OR LICENSE FORFEITURES IN THE LAST 3 YEARS:

Incident Details: _____

Has your driver's license ever been denied, suspended, or revoked? Yes No

If Yes, Explain: _____

Employment History

Begin with your present or most recent employer and continue in reverse order. List any additional employers on a separate sheet.

Current/Most Recent

Employer: _____

Address: _____

Phone: _____

Name & Title of Supervisor: _____

Supervisor Phone: _____

Supervisor E-mail Address: _____

Dates employed: From _____ To _____

Title: _____

Salary: _____ per _____ Full Time Part Time

Permanent Temporary

Responsibilities & Duties: _____

Did you supervise others? Yes No

If yes, indicate number: _____ Professional Staff _____ Non-professional Staff

Reason for leaving? _____

Second Most Recent

Employer: _____

Address: _____

Phone: _____

Name & Title of Supervisor: _____

Supervisor Phone: _____

Supervisor E-mail Address: _____

Dates employed: From _____ To _____

Title: _____

Salary: _____ per _____ Full Time Part Time

Permanent Temporary

Responsibilities & Duties: _____

Did you supervise others? Yes No

If yes, indicate number: _____ Professional Staff _____ Non-professional Staff

Reason for leaving? _____

Third Most Recent

Employer: _____

Address: _____

Phone: _____

Name & Title of Supervisor: _____

Supervisor Phone: _____

Supervisor E-mail Address: _____

Dates employed: From _____ To _____

Title: _____

Salary: _____ per _____ Full Time Part Time

Permanent Temporary

Responsibilities & Duties: _____

Did you supervise others? Yes No
If yes, indicate number: _____ Professional Staff _____ Non-professional Staff
Reason for leaving? _____

EDUCATIONAL RECORD

Do you have a High School Diploma or GED Equivalency?
 Yes No If yes, date and location where obtained _____

LIST ALL COLLEGES OR UNIVERSITIES ATTENDED:

Institution Name & Location, Degree/Date, Hours Completed, Dates Attended,
Majors. A copy of any diploma must be provided.

**LIST ALL TRADE, BUSINESS, TECHNICAL, MILITARY OR
CORRESPONDENCE SCHOOL ATTENDED:**

Institution Name & Location Dates Attended: Courses Completed/Certificates
Awarded:

REFERENCES

Name: _____
Email Address: _____
Address: _____
City, State: _____
Phone: _____

Name: _____
Email Address: _____
Address: _____
City, State: _____
Phone: _____

Name: _____
Email Address: _____
Address: _____
City, State: _____
Phone: _____

**PLEASE READ AND SIGN READ CAREFULLY BEFORE
SIGNING THIS STATEMENT**

I certify that the information given on this application and on any appended materials is true and complete to the best of my knowledge. I understand that any false or misleading information and/or omissions may result in the rejection of my application or, if employed, in termination of employment. To determine my qualifications for employment, I authorize the City of Lincoln to review my previous employment, driving, and criminal records and/or other background data as it may relate to the position for which I am applying. I hereby authorize all former employers and educational institutions to furnish any and all information they may have and release all parties from liability for any damage that may result from furnishing such information.

In consideration for employment, I agree to conform to the rules and regulations of the City of Lincoln. I understand that I will be required to undergo a post-offer medical exam that includes a drug screen. If I should fail an examination for any reason, my offer of employment may be withdrawn.

SIGNATURE (DO NOT PRINT)

DATE