TETON COUNTY FIRE PROTECTION DISTRICT

Employment Application



APPLICANT INFORMATION						
Last Name Click here to enter text.	First, Click h	nere to enter text.		Date Click here to enter text.		
Street Address Click here to enter text.			Apartment/L	Jnit #		
City Click here to enter text.	State Click h	nere to enter text.	ZIP Click	here to enter text.		
Phone Click here to enter text.	E-mail Address	Click here to enter to	ext.			
Date Available Click here to enter text.	Social Securit	nere to enter text.				
Position Applied for Click here to enter text.						
Are you a citizen of the United States? Choose an item.	If no, U.S.?	are you authorized to v	work in the	Choose an item.		
Do you have previous firefighting Choose experience? Choose an item.	If so, where	? Click here to	enter text.			
Have you ever been convicted of a felony? Choose an item.	If yes, explai	LIICK DERE TO 8	enter text.			
PREVIOUS EMPLOYMENT						
Company Click here to enter text.		Phone ()				
Address Click here to enter text.		Supervisor				
Job Title Click here to enter text.						
Responsibilities Click here to enter text.						
From Click To Click here Reason for Leaving	Click here to	enter text.				
May we contact your previous supervisor for a reference? Choose an item.						
Company Click here to enter text.	Phone ()					
Address Click here to enter text.		Supervisor Click her	e to enter tex	ĸt.		
Job Title Click here to enter text.						
Responsibilities Click here to enter text.						
From Click To Click here Reason for Leaving	Click here to	enter text.				
May we contact your previous supervisor for a reference?	Choose an item.					
Company Click here to enter text.		Phone ()				
Address Click here to enter text.		Supervisor Click her	e to enter tex	ĸt.		
Job Title Click here to enter text.						
Responsibilities Click here to enter text.						
From Click To Click here Reason for Leaving	Click here to	enter text.				
May we contact your previous supervisor for a reference?	Choose					

an item.

PRIOR FIRE SERVICE EXPERIENCE					
Department Click h	ere to enter text.	From	Click here	То	Click here
Position	Click here to enter text.	Reasor	n for Leaving		Click here to enter text.
Certifications	Click here to enter text.				
Supervisor & Phone	Click here to enter text.				
Additional Information:	Click here to enter text.				

EDUCATION								
High School Click here to enter text.			City, State	Click here to enter text.				
From	Click here	То	Click here	Did you graduate?	Choose an item.		Degree	Click here to enter text.
College	ollege Click here to enter text.		City, State	Click here to enter text.				
From	Click here	То	Click here	Did you graduate?	Choose an item.		Degree	Click here to enter text.
Other	Other Click here to enter text.		City, State	Click here to enter text.		ext.		
From	Click here	То	Click here	Did you graduate?	Choose an item.		Degree	Click here to enter text.

REFERENCES					
Please list three professional references.					
Full Name	Click here to enter text.	Relationship Click here to enter text.			
Company	Click here to enter text.	Phone ()			
Address	Click here to enter text.				
Full Name	Click here to enter text.	Relationship Click here to enter text.			
Company	Click here to enter text.	Phone ()			
Address	Click here to enter text.				
Full Name	Click here to enter text.	Relationship Click here to enter text.			
Company	Click here to enter text.	Phone ()			
Address	Click here to enter text.				

DISCLAIMER AND SIGNATURE

I certify that the information contained in this application is correct to the best of my knowledge. I understand that to falsify information is grounds for refusing to hire me, or for discharge should I be hired.

I authorize any person, organization or company listed on this application to furnish you any and all information concerning my previous employment, education and qualifications for employment. I also authorize you to request and receive such information.

In consideration for my employment, I agree to abide by the rules and regulations of the company, which rules may be changed, withdrawn, added or interpreted at any time, at the company's sole option and without prior notice to me.

Signature	Date