

# Application for Employment



Saint Louis Area Fire Department

220 S. Main St.

Saint Louis, MI 48880

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodations to the application and/or interview process should notify the chairperson of the SLAFD.

Position(s) applied for \_\_\_\_\_ Date of application \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
 Last First Middle

Address \_\_\_\_\_  
 Street City State Zip Code

Telephone # (\_\_\_\_) \_\_\_\_\_ Mobile/Beeper/Other # (\_\_\_\_) \_\_\_\_\_ E-mail address \_\_\_\_\_

Referral Source (How did you hear about us?) \_\_\_\_\_

If you are under 18 and it is required, can you furnish a work permit?.....  Yes  No  
 If **no**, please explain: \_\_\_\_\_  
 Have you ever been employed here before? If yes, give dates and positions: \_\_\_\_\_  Yes  No  
 Are you legally eligible for employment in this country? .....  Yes  No  
 Date available for work..... \_\_\_\_/\_\_\_\_/\_\_\_\_ What is your desired salary range? .....\$ \_\_\_\_\_

Type of employment desired:  Full-Time  Part-Time  Temporary  Seasonal  Educational Co-Op

Are you able to perform the essential functions of the job for which you are applying (with or without reasonable accommodation?)

**This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.**

Yes  No  Need more information about the job's "essential functions" to respond

Driver's license number is required for the job for which you are applying \_\_\_\_\_ State \_\_\_\_\_ **Answering "yes" to either of the following questions does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.**

Have you ever pleaded "guilty" or "no contest" to, or been convicted of a crime? .....  Yes  No  
 If **yes**, please provide date(s) and details: \_\_\_\_\_

## EMPLOYMENT HISTORY

Starting with the most recent employer, provide the following information

Employer	Telephone # ( )	Month	Year	Month	Year
Street address	City	State	Dates employed	/	to
			Compensation		
			Hourly	Salary	\$ per
Starting job title/final job title			Commissions/Bonus/other \$		
Immediate supervisor and title (for most recent position held)			May we contact for reference?		Why did you leave?
Summarize the type of work performed and job responsibilities					
Employer	Telephone # ( )	Month	Year	Month	Year
Street address	City	State	Dates employed	/	to
			Compensation (		
			Hourly	Salary	\$ per
Starting job title/final job title			Commissions/Bonus/other \$		
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Employer	Telephone # ( )	Month / Year	to	Month / Year
Street address	City	State	Compensation	
			Hourly Salary	\$ per
Starting job title/final job title	Commissions/Bonus/other		\$	
Immediate supervisor and title (for most recent position held)	May we contact for reference?	Why did you leave?		
Summarize the type of work performed and job responsibilities				

## Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying  
(Add Sheet If Neccessary)

**Computer Skills** (check appropriate skills. Include software titles and years of experience)

\_\_\_ Word Processing \_\_\_\_\_ Years \_\_\_\_\_      \_\_\_ E-mail \_\_\_\_\_ Years \_\_\_\_\_  
 \_\_\_ Spreadsheet \_\_\_\_\_ Years \_\_\_\_\_      \_\_\_ Internet \_\_\_\_\_ Years \_\_\_\_\_  
 \_\_\_ Presentation \_\_\_\_\_ Years \_\_\_\_\_      \_\_\_ Other \_\_\_\_\_ Years \_\_\_\_\_

## Educational Background

Starting with your most recent school attended, provide the following information.

School (include City and State)	Years Completed	Completed	GPA Class Rank	Major/Minor
		___ Diploma _____ GED _____ ___ Degree _____ ___ Certification _____ ___ Other _____		
		___ Diploma _____ GED _____ ___ Degree _____ ___ Certification _____ ___ Other _____		
		___ Diploma _____ GED _____ ___ Degree _____ ___ Certification _____ ___ Other _____		

## References

List names and telephone number of three business/work references who are not related to you and are not previous supervisors.  
If not applicable, list three school or personal references who are not related to you.

Name	Title	Relationship to You	Telephone	Number of Years Known
			( )	
			( )	
			( )	

## Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume' or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at anytime, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

**The St Louis Area Fire Department (SLAFD) does not tolerate unlawful discrimination in its employment practices. No questions on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status under applicable federal, state or local law. The SLAFD likewise does not tolerate harassment based on sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status. The SLAFD takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.**

**I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge form the employer's service, whenever it is discovered.**

I also understand that, should I bring a claim against the St. Louis Area Fire Department (SLAFD), arising out of my application for employment, employment with, or departure from employment with the SLAFD, I agree to do so within 180 days of the event giving rise to the claim, or the time limits provided in any statute for such claim, whichever is shorter, or be forever barred from bringing such a claim. I expressly waive any limitation period which is longer than 180 days. The only exception to this limitation period is for claims which are require to first be raised with the Equal Employment Opportunity Commission, before any civil action can be filed. For such claims, I agree to bring any civil act within 30 days of the issuance of a right to sue letter by the EEOC.

### **DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_