BENNETT-WATKINS FIRE RESCUE

"Striving to Preserve Life and Property"

APPLICATION FOR EMPLOYMENT AND/OR MEMBERSHIP

Position Applying For:

☐ Division Chief of EMS

Personal Information:

Last Name: _____ First Name: _____MI:_____

Do you have any other names you have been referred to such as, maiden names, names used in online social networking sites, blogs, online gaming: If so, please list:_____

_____

Home Phone:_____ Cell Phone:_____

Email Address:_____

Social Security No._____ Are you over 21 years of age? _____

Address: _____

City State Zip

Emergency Contact:_____ Relationship:_____

Cell Phone:_____ Address:_____

Employment History:

Current Employer:_____

Address:_____
City State Zip

Dates of Employment: From: _____ To:_____ Title:_____

Your duties:_____

_____

Supervisor's Name:_____ Phone No._____

May we contact your current supervisor? Yes_____ No_____

Previous Employer:_____

Address:_____
City State Zip

Dates of Employment: From: _____ To:_____ Title:_____

Your duties:_____

_____

Supervisor's Name:_____ Phone No._____

May we contact your previous supervisor? Yes_____ No_____

Reason for leaving:_____

Education:

High School Attended:_____ Year Graduated:_____

GED Acquired From:_____

College Attended:_____ Years Attended:_____

Degree(s):_____

List any course of special training in HR and Administration: _____

_____

Driving History: (PLEASE INCLUDE A COPY OF YOUR DRIVER'S LICENSE)

Drivers License No._____ State:_____ Expiration:_____

Have you had any moving violations?: Yes_____ No_____

If yes, please explain:_____

_____

Has your license ever been suspended or revoked?: Yes_____ No_____

If yes, please explain:_____

_____

(Please attach a separate page if more space is required)

Legal:

Have you ever plead guilty, pled no contest to, or been convicted of, a misdemeanor?:

Yes_____ No_____ If yes, please explain:_____

_____

_____

(Please include: Date, Original Charge, Final Charge, and Outcome)

Have you ever plead guilty, pled no contest to, or been convicted of, a felony?:

Yes_____ No_____ If yes, please explain:_____

_____

_____

(Please include: Date, Original Charge, Final Charge, and Outcome)

HR and Administration Related Experience, Training and Certifications:

(PLEASE INCLUDE A COPY OF YOUR CERTIFICATES)

Skill:	**Experience Level:**	**Skill:**	**Experience Level:**
Microsoft Word		Payroll & Scheduling	
Microsoft Excel		Social Media Support	
Microsoft Outlook		Website Support	
Google Workspace		Record Requests	
Workers Comp			
Hiring & Personnel Records			
Benefits / Insurance			
Customer Service			
Meeting Coordination & Facilitation			
PowerPoint			
Board Meeting Minutes			

Other HR and Administration related Experience, Training, and Certifications:

Type	Agency/School	Date Obtained	Cert No.	Ex. Date
Type	Agency/School	Date Obtained	Cert No.	Ex. Date

(Attach a separate page if more space is required)

Previous Fire or EMS Departments to which you have belonged:

Date	Department Name	Contact Name & Phone

References:

Please provide two references who the District may contact who are not related to you.

1. Name:_____ Phone:_____

How do you know this person:_____

2. Name:_____ Phone:_____

How do you know this person:_____

APPLICANT'S STATEMENT AND AUTHORIZATION TO CONDUCT AND OBTAIN EMPLOYER'S CRIMINAL BACKGROUND HISTORY AND DRIVING RECORD - PLEASE READ CAREFULLY

I certify that all of the information and answers provided by me in this application is/are true and complete to the best of my knowledge. I understand that the information contained herein may be used to determine my eligibility and suitability as a volunteer or employee with the Bennett Fire Protection District, and that if I provided false or misleading information or if I concealed information or caused or authorized anyone else to provide false or misleading information or to conceal information in connection with my application, that it will be grounds for denial of my Application or termination my membership or employment as the case may be.

I give my permission for the Fire Chief or his designee to investigate and verify all of the information given by me in this Application. I release any person from any liability in connection therewith.

I authorize the District to receive a copy of my driver's license a copy of which is attached and to obtain a copy of my driver's record. I consent to a criminal background check and will provide my social security number for that purpose but for no other purpose.

I understand that neither this Application nor any offer of membership or employment from the District constitutes an employment contract unless a specific document to that effect is executed by the District's Board of Directors as authorized at an official Board meeting.

I also understand that I am required to and will abide by all of the District's rules, Standard Operating Procedures, policies and orders of the District and its officers.

Print Name: _____

Signature: _____ Date _____

BENNETT FIRE PROTECTION DISTRICT NO. 7

FAIR CREDIT REPORTING ACT – DISCLOSURE AND CONSENT

- PLEASE READ CAREFULLY -

In connection with an Application for employment or membership as a volunteer, the Bennett Fire Protection District will obtain a copy of the applicant's driving record and conduct a criminal background check. These records and criminal documents may be obtained from outside third parties who conduct applicant background checks. These records and documents may be considered investigative consumer reports under the Fair Credit Reporting Act ("FCRA"), and will be used solely for employment/membership purposes.

I authorize and consent to the District requesting and receiving a copy of my driver's license and my driver's record. I authorize the District to perform and consent to a criminal background check and will provide my social security number for that purpose but for no other purpose. I understand that these records and documents may be obtained by and from outside third parties who conduct applicant background checks. I release the District from any liability in connection therewith.

Print Name: _____

Signature: _____ Date _____

If the District decides not to hire or select an applicant based in whole or in part on information in the consumer report, the District will inform the applicant that it plans on taking adverse action, will give a copy of the consumer report to the applicant and advise the applicant of his/her rights under the FCRA to dispute inaccurate or incomplete information contained the report.