

**MCCALL FIRE AND EMS****EMPLOYMENT APPLICATION**

\*All fields must be completed, Including the Notification/ Release Information Form. Please attach a resume.

\*Applicants are subject to pre-employment drug and alcohol screening.

➤ **Personal Information**

Name (Last, First, Middle)	Home Phone Number
Mailing Address and Physical Address	Cell Phone Number
City/ State/ Zip Code	E-Mail Address
Drivers License #  SSN:	Date of Birth: Month / Day / Year  Are you authorized to work in the USA? <input type="checkbox"/> Yes <input type="checkbox"/> No

➤ **Emergency Contact Information**

Name:	Mailing Address and Physical Address:	
City, State, Zip Code	Home Phone Number:	Cell Phone Number:
Relationship:		

➤ **Current Employment**

Dates From	To	Company Name	City, State
Titles and Duties –			
Supervisor/ Employer grants permission to respond to calls upon request: <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisors Name:	Phone Number:
Company Address :			

➤ **Employment History**

Dates From	To	Company Name	City, State
Titles and Duties –			
Reason For Leaving:		Supervisors Name:	Phone Number:
Company Address :			

➤ **Employment History**

Dates From	To	Company Name	City, State
Titles and Duties –			
Reason For Leaving:		Supervisors Name:	Phone Number:
		Company Address :	
Dates From	To	Company Name	City, State
Titles and Duties –			
Reason For Leaving:		Supervisors Name:	Phone Number:
		Company Address :	

➤ **Job References - \*Fill out all information**

Name:	Name:	Name:
Address:	Address:	Address:
Phone Number:	Phone Number:	Phone Number:
Office use Only Date Called:	Office use Only Date Called:	Office use Only Date Called:
Recommendation:	Recommendation:	Recommendation:

➤ **Personal References – \*Cannot be family members**

Name:	Name:	Name:
Address:	Address:	Address:
Phone Number:	Phone Number:	Phone Number:
Relationship and Years Known:	Relationship and Years Known:	Relationship and Years Known:
Office use Only Date Called:	Office use Only Date Called:	Office use Only Date Called:
Recommendation:	Recommendation:	Recommendation:

➤ **Education and Training**

Have you obtained a high school diploma or GED certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No		
School	Name & Location	Diploma/ Degree
College/ University		
College/ University		
Specialized Courses And Training		
Specialized Courses And Training		

➤ **Criminal History**

Have you ever been convicted of a crime?  Yes  No  
 If yes explain:

Have you ever been convicted of a driving infraction?  Yes  No  
 If yes explain:

➤ **Military Experience**

Dates From	To	Branch:	Title
Type of Training and Duties:			Type of Discharge:

(Submit DD214 form with application)

➤ **Additional Information**

Any Additional Comments about yourself (Training, Skills, Certifications, etc.):

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➤ **Acknowledgement and Authorization**

I certify that the answers given are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I agree to participate in pre employment drug screening, and I understand that my future employment is contingent on a negative drug test. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the McCall Fire Protection District.

\_\_\_\_\_

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

➤ **District Use Only**

Approved  Yes  No

\_\_\_\_\_

Fire Chief Signature \_\_\_\_\_  
 Date

**Confidential Investigations – Notification/Release Information**

The purpose of this form is to notify you that a Consumer Report and/or Investigative Consumer Report will be conducted on you in the course of consideration for employment. I hereby authorize your company or agent of your company to contact any and all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county and federal courts and military services to release information about my background including, but not limited to, information about my employment, education, consumer credit history, driving record, criminal record, and general public records history to the person or company with which this form has been filed. This releases the aforesaid parties from any liability and responsibility for collecting the above information. The release shall remain in effect for the length of my employment. I understand I have the right to obtain a free copy of the consumer report if; (1) Any adverse action/decision is made based on the information in the consumer report, & (2) If the request is made in writing within 10 days of the adverse action. I believe to the best of my knowledge that all information I have provided is accurate, true and correct and that I fully understand the terms of this release.

**Write In Black Ink Only!**

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

List any other name used in the last 7 years \_\_\_\_\_

Date of birth \_\_\_/\_\_\_/\_\_\_ Social Security Number \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Driver’s License # \_\_\_\_\_ State \_\_\_\_\_ Phone # (day) (\_\_\_\_)\_\_\_\_\_

Professional License Held \_\_\_\_\_ State \_\_\_\_\_ Lic. # \_\_\_\_\_

Current address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Date \_\_\_/\_\_\_ to \_\_\_/\_\_\_

List other cities or towns you have lived in the past 7 years. Use additional form if necessary.

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Dates \_\_\_/\_\_\_ to \_\_\_/\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Dates \_\_\_/\_\_\_ to \_\_\_/\_\_\_

**Signature** \_\_\_\_\_ **Today’s Date** \_\_\_/\_\_\_/\_\_\_

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**To be filled out by company requesting information**

Company Name: \_\_\_\_\_

Return Info To: \_\_\_\_\_ Via Fax # (\_\_\_\_) \_\_\_\_\_ or e-mail \_\_\_\_\_

**Information Requested Please check all that you wish completed:**

- Criminal  Civil History  Credit Report  Social Security Verification  Driving Report
- Educational Verification  Reference Check  National Wants & Warrants  Professional License Verification
- Previous Employer Verification

**Fax To: 1-866-315-9909 Confidential Investigations**

**Disclaimer:**

While the information contained in the reports provided has been obtained from public records data sources deemed reliable, its accuracy cannot be guaranteed due to potential human error in the actual recording of the record. Since this information is not owned by Confidential Investigations, and since public records data on any one individual, group of individuals, company, or companies can be contained in more than one repository, Confidential Investigations can only rely on its accuracy from public records data sources presently available at the time of search. This information is furnished for your exclusive use and accepted by you without any liability on the part of Confidential Investigations, its sources, officers, agents or employees. Furthermore you agree to indemnify Confidential Investigations, its sources, agents, and employees of any liability for the use of this information and shall agree that the right to obtain and the purpose for this information, for your exclusive use, is fully within the appropriate law or laws which apply to the permissible purpose of retrieving background information on an individual’s criminal records history, credit history and/or worker’s compensation claim history.