



# EMPLOYMENT APPLICATION

Desired Position: \_\_\_\_\_  Full-time     Part-time     Volunteer

## PERSONAL INFORMATION (please print):

\_\_\_\_\_

Last Name	First Name	Middle Initial
-----------	------------	----------------

Current Street Address	City	State	Zip Code	How long
------------------------	------	-------	----------	----------

Previous Street Address	City	State	Zip Code	How long
-------------------------	------	-------	----------	----------

Primary Phone Number	Alternate Phone Number	Social Security Number
----------------------	------------------------	------------------------

Drivers' License # (attach copy): \_\_\_\_\_ Expiration Date: \_\_\_\_\_ State of Issue: \_\_\_\_\_

If seeking part-time or volunteer employment, check the days and document the hours you are unavailable to work:

Monday: \_\_\_\_\_   
  Tuesday: \_\_\_\_\_   
  Wednesday: \_\_\_\_\_   
  Thursday: \_\_\_\_\_  
 Friday: \_\_\_\_\_   
  Saturday: \_\_\_\_\_   
  Sunday: \_\_\_\_\_

Can you provide proof of your eligibility to work?                      Yes     No

Have you ever filed an application with the City of Bryan?            Yes     No     If yes, date: \_\_\_\_\_

Have you ever been employed by the City of Bryan?                    Yes     No     If yes, date: \_\_\_\_\_

Do you have any relatives that work for the City of Bryan?            Yes     No

Are you currently employed?             Yes     No                      May we contact your employer?     Yes     No

Are you currently on "lay-off" status and subject to recall?             Yes     No

Are you legally eligible for employment in the U.S.>?                     Yes     No

## EMPLOYMENT HISTORY

List most recent employment first, use an extra sheet of paper if necessary. No more than 10 years history is recommended.

Employer Name and Address:	Position title / dues and skills:	Start Date:	End Date:
		Reason for Leaving:	
Starting Pay: \$	Supervisor:		
Ending Pay: \$	Phone Number:		

## Employment History Continued ...

Employer Name and Address:	Position title / dues and skills:	Start Date:	End Date:
		Reason for Leaving:	
Starting Pay: \$	Supervisor:		
Ending Pay: \$	Phone Number:		

Employer Name and Address:	Position title / dues and skills:	Start Date:	End Date:
		Reason for Leaving:	
Starting Pay: \$	Supervisor:		
Ending Pay: \$	Phone Number:		

Employer Name and Address:	Position title / dues and skills:	Start Date:	End Date:
		Reason for Leaving:	
Starting Pay: \$	Supervisor:		
Ending Pay: \$	Phone Number:		

Summarize other employment related to the position applying for:

## EDUCATION

	Institution Name	Field of Study	Graduate Or Degree	Date Completed
High School				
College/University				
Business/Technical				
Other				

## MILITARY

Are you a veteran?  Yes  No If yes, what branch? \_\_\_\_\_

Dates of Duty: from \_\_\_\_\_ to \_\_\_\_\_ Rank at discharge? \_\_\_\_\_

Duty/specialized training: \_\_\_\_\_

## SKILLS & QUALIFICATIONS

List professional, trade, business or civic activities and offices held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

\_\_\_\_\_

**Please provide a copy of all certifications**

Are you a State of Ohio Certified Firefighter?  Yes  No

If yes, what level? \_\_\_\_\_ Certification Number: \_\_\_\_\_

Are you an Ohio Emergency Medical Technician If yes, what level? \_\_\_\_\_  Yes  No

If yes, what level? \_\_\_\_\_ Certification Number: \_\_\_\_\_

Do you have your Commercial Drivers' License (CDL)? If yes, expiration date? \_\_\_\_\_  Yes  No

Other professional licenses, certifications or registrations:

\_\_\_\_\_

Other qualifications such as special skills, abilities or honors that should be considered:

\_\_\_\_\_

Types of computers, software, and other equipment you are qualified to operate:

\_\_\_\_\_

Additional skills, including supervision skills, other languages or information regarding the position you wish to bring to the employer's attention:

## REFERENCES

List five personal references who are not relatives or former supervisors.

Name	Address	Telephone	Occupation	Years known

## READ AND SIGN BELOW

I certify that the information contained in this application is correct to the best of my knowledge and understand that any misstatement or omission of information may result in denial of employment or discharge. I authorize the references listed above to give The City of Bryan Fire Department any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand that, in considering my application for employment, the City of Bryan Fire Department may verify the information set forth on this application and obtain additional information relating to my background. I authorize all persons, school, companies, organizations, credit bureaus, law enforcement agencies, and previous employers to release any information concerning my background.

I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of such investigative report that is made.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date Agreed**