



Application for Employment

All applicants are considered for all positions without regard to race, religion, color, sex, gender, sexual orientation, pregnancy, age, national origin, ancestry, physical/mental disability, medical condition, military/veteran status, genetic information, marital status, ethnicity, citizenship or immigration status, or any other protected classification, in accordance with applicable federal, state, and local laws. Equal access to programs, services, and employment is available to all qualified persons. Those applicants requiring an accommodation to complete the application and/or interview process should contact a management representative at the Robertson Fire Protection District (RFPD).

Position(s) applied for		Date of application	
Print full name			
Street address		City	State
Main phone number	Alternate phone number	Email	

Employment Experience

Please list the names of your present or previous employers in chronological order with present or most recent employer listed first. Be sure to account for all periods of time. If self-employed, give firm name and supply business references. Add an additional page if necessary.

Name of employer	Supervisor	May we contact?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Street address		
Phone number	Dates employed (month/year)	
	From	To
Job title and duties	Reason for leaving	



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Name of employer	Supervisor	May we contact?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		
Phone Number	Dates employed (month/year)	
	From	To
Job title and duties	Reason for leaving	

Name of employer	Supervisor	May we contact?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		
Phone Number	Dates employed (month/year)	
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Have you been discharged, or have you resigned after notice that you were subject to possible discharge from employment, for any reason, within the past five years? Yes No

If yes, please explain.

Have you ever been convicted of any violation of the law other than minor traffic regulations?

Yes No If yes, list convictions, starting date and the nature and location of the offenses. You are not required to disclose arrests. A conviction will not necessarily be a bar to employment; factors such as age at time of offense, seriousness and the nature of the violation and rehabilitation will be taken into consideration. Consideration of conviction records in employment decisions will take into account the nature and gravity of the offense or conduct; the time that has passed since the offense, conduct and/or completion of the sentence; and the nature of the position.



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Have you ever had a license or certification (EMT or Paramedic, or otherwise) revoked or suspended? Or have you in any way been sanctioned by, or is any charge or complaint now pending against you before, any licensing, certification or other regulatory agency or body, public or private?

Yes No If yes to any of the above, please provide the dates of proceedings, name, address and telephone number of the agency or body where proceedings took place, a statement of the accusations against you and the final disposition.

Please list any other experience, job-related skills, leadership skills, accomplishments, additional languages, or other qualifications that you believe should be considered in evaluating your qualifications for employment.



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Education - Please describe your education in the table below.

	School name	Years completed	Diploma/degree (Yes/No)	Area of study/major	Specialized training, skills, or extracurricular activities
High school					
College/university					
Graduate/professional school					
Trade school					
EMT / Paramedic					
Fire Academy and Class #					

Additional EMS Education - Please complete and list additional EMS related education.

	Where attended (for each course if applicable)	Date completed	Current (Yes/No)	Expiration date:
ACLS			<input type="checkbox"/> Yes <input type="checkbox"/> No	
PHTLS/BTLS			<input type="checkbox"/> Yes <input type="checkbox"/> No	
PALS			<input type="checkbox"/> Yes <input type="checkbox"/> No	
CPR			<input type="checkbox"/> Yes <input type="checkbox"/> No	
CPR Instructor			<input type="checkbox"/> Yes <input type="checkbox"/> No	



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Additional Fire Education - Please complete and list additional Fire related education.

Course Name:	Date completed	Date completed	Current (Yes/No)
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Professional References

Please list three professional references of individuals who are *not* related to you.

Name and title	Relationship	Phone number or email

Emergency Contact Information - Please list information for your emergency contacts.

Name / Relationship	Address	Phone number and email

General Information

1. Have you ever served in the military? Yes No If yes: Branch / years served: _____

2. Have you ever used another name? Yes No

3. Is any additional information relative to name changes, use of an assumed name, or nickname necessary to enable a check on your work and educational record? Yes No
If yes to either of the above, please explain: _____



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4. Have you ever worked for this fire district before? Yes No

If yes, please provide dates and position:

5. Do you have friends and/or relatives working for this fire district? Yes No

If yes, name(s) and relationship(s):

6. Do you have an affiliation or actively participate in community groups or organizations?

Yes No If yes, please list all organizations/groups:

7. On what date are you available to begin work? _____

8. Are you available to work? Full-time Part-time Shift Work Temporary

9. If hired, would you have a reliable means of transportation to and from work? Yes No

10. Can you travel if the position requires it? Yes No

11. Can you relocate if the position requires it? Yes No

12. Are you at least 21 years old? Yes No

Note: If under 21, hire is subject to verification that you are of minimum required age for this position.

13. If hired, you will need to present evidence of your identity and legal right to work in this country. Are these documents something you can provide? Yes No

14. Are you able to perform the essential job functions of the job for which you are applying with or without reasonable accommodation? Yes No

Note: We comply with the Americans with Disabilities Act and consider reasonable accommodation measures that may be necessary for qualified applicants/employees to perform essential job functions.

Applicant Statement and Agreement

Please read and initial each paragraph below. If there is anything that you do not understand, please ask.

_____ I hereby authorize the RFPD to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the prior employers and references I have listed to disclose to the RFPD any and all letters, reports, and other information related to my work records, without giving me



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prior notice of such disclosure. In addition, I hereby release the RFPD, my former employers, and all other persons, corporations, partnerships, and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

_____ In the event of my employment with the RFPD, I understand that I am required to comply with all rules and regulations of the RFPD.

_____ If hired, I understand and agree that my employment is in accordance with the district's policies and provisions including the Collective Bargaining agreement. While employed at RFPD should discharge, demotion, suspension or any other disciplinary action take place as a non-probationary member, this action shall be made only for reasonable and just cause and I shall be offered due process.

I understand that the safety of employees is extremely important to the RFPD and _____ that the RFPD is committed to ensuring a safe working environment. I understand that I, and every employee, have a responsibility to prevent accidents and injuries by observing all safety procedures and guidelines and following the directions of my site supervisor. I understand and agree to comply with federal, state, and local regulations related to on-the-job safety and health.

I hereby certify that the answers given by me are true and correct to the best of my _____ knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I understand that if I am selected for hire, it will be necessary for me to provide _____ satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration law requires me to complete an I-9 Form in this regard.

I understand that if any term, provision, or portion of this Agreement is declared _____ void or unenforceable, it shall be severed and the remainder of this Agreement shall be enforceable.

My signature attests to the fact that I have read, understand, and agree to all of the above terms.

Signature: _____

Name (print): _____

Date: _____