APPLICATION FOR EMPLOYMENT



FIRE DISTRICT ONE of LEAVENWORTH COUNTY

"TO SERVE WITH PRIDE AND INTERGRITY"

Position Applied For: (please circle one)	Volunteer Position	Paid Position	Date:		
lame:	(15-4)	/£:	4)	(asid-Ua)	
	(last)	(firs	τ)	(middle)	
Address:	(street)	(city	·)	(state)	(Zip)
mail Address:					
ocial Security No:		Phone N	o: <u>(</u>)		
river's License No:				Expires:	
are you over 18 years?	Yes	No			
lave you ever been conv	victed of a felony?	Yes	No		
ducational Backgr		Number of Yea		Major	Mino
- Long Control Dead on					
ducational Backgı	round and Skills School Name	Number of Yea Completed	rs Degree	Major	Mino
ligh School				Major	Mino
ligh School				Major	Mino
igh School ollege ther kills and Qualifications: ualify you to work with the	School Name Summarize any firefighting his Fire Department. Pleas	Completed g or medical training	Degree ng skills or othe	er experience which may	Mino
ligh School College Other Skills and Qualifications: ualify you to work with the state of the st	School Name Summarize any firefighting his Fire Department. Pleas	Completed g or medical training	Degree ng skills or othe	er experience which may	Mino
ligh School college other kills and Qualifications: ualify you to work with the	School Name Summarize any firefighting his Fire Department. Pleas	Completed g or medical training	Degree	er experience which may	Mino
	School Name Summarize any firefighting his Fire Department. Pleas	Completed g or medical training	Degree	er experience which may , EMT, or other training.	Mino
ligh School college Other skills and Qualifications: ualify you to work with the second college Employment Histor lease list your current employer Employer Indicates	School Name Summarize any firefighting his Fire Department. Pleas	Completed g or medical training	Degree ng skills or othe cue, firefighting Job Duties:	er experience which may , EMT, or other training.	

References	
Please list 3 references that we may conta	ict.
Name:	Contact Number
	Relationship to you
Name:	Contact Number
	Relationship to you
Name:	Contact Number
	Relationship to you
criminal background and driver history check Firefighter I & II certification and Kansas EM Firefighter I & II certification and a minimum	ou will be required to submit to a medical physical examination, drug screening T/National Registration is required for full time employment. of Kansas EMR is required for part time employment. efighter I & II within 18 months of joining the District.
•	erigniter i & if within 16 months of joining the District. erstand and agree to the above stipulations.
Tana	sistand and agree to the above supulations.
Signature of Applicant	Date
any of the information verified by Fire District (Fire District One contacts to provide the Depa pertinent information that they may have. Fur may result from furnishing such information to Department or any of its agents, co-workers, comaterial omission of information on this application dismissal from employment. In consideration of my employment, I agree to District from time-to-time in its discretion. I furt employment and compensation can be terminate option or at the option of the Department. I also term is effective unless expressly set forth in a This application is current for one (1) year. At be considered for employment, it will be necessions.	the conclusion of this time, if I have not heard from the employer and still want to
Signature of Applicant	Date