

MARTINEZ FIRE DEPARTMENT **FULLTIME APPLICATION**

PO Box 204231 Martinez, GA. 30917-4231

(PLEASE PRINT OR TYPE CLEARLY)

WE OFFER EQUAL EMPLOYMENT OPPORTUNITY TO ALL BASED UPON INDIVIDUAL MERIT AND WITHOUT REGARD TO RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, AGE, OR DISABILITY.

GIVE COMPLETE ANSWERS AND PRINT CLEARLY PERSONAL

NAME: LAST FIRST MIDDLE INIT (NAME YOU PREFERRED TO BE CALLED BY)			DATE
ADDRESS: NUMBER, STREET, RFD, ETC. CITY OR TOWN STATE ZIP			PHONE: AREA CODE NUMBER
SOCIAL SECURITY NO.	APPLYING FOR: (GIVE SPECIFIC JOB TITLE (S):	DATE AVAILABLE TO START WORK	DO YOU OBJECT TO SHIFT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO

WORK HISTORY
LIST ALL EMPLOYMENT DURING THE PAST FIVE YEARS IN REVERSE ORDER STARTING WITH LAST OR PRESENT EMPLOYER. INCLUDE PART-TIME, TEMPORARY OR VOLUNTEER WORK.

1	EMPLOYER NAME	PHONE: AREA CODE NUMBER
ADDRESS NUMBER AND STREET CITY OR TOWN STATE ZIP		
SUPERVISOR'S NAME AND TITLE		DATE HIRED DATE TERMINATED
FINAL SALARY \$ PER	REASON FOR LEAVING	YOUR JOB TITLE
YOUR JOB DUTIES		
EQUIPMENT YOU OPERATED		

2	EMPLOYER NAME	PHONE: AREA CODE + NUMBER
ADDRESS NUMBER AND STREET CITY OR TOWN STATE ZIP		
SUPERVISOR'S NAME AND TITLE		DATE HIRED DATE TERMINATED
FINAL SALARY \$ PER	REASON FOR LEAVING	YOUR JOB TITLE
YOUR JOB DUTIES		
EQUIPMENT YOU OPERATED		

3	EMPLOYER NAME	PHONE: AREA CODE + NUMBER
ADDRESS NUMBER AND STREET CITY OR TOWN STATE ZIP		
SUPERVISOR'S NAME AND TITLE		DATE HIRED DATE TERMINATED
FINAL SALARY \$ PER	REASON FOR LEAVING	YOUR JOB TITLE
YOUR JOB DUTIES		
EQUIPMENT YOU OPERATED		

GIVE COMPLETE ANSWERS AND PRINT CLEARLY EDUCATION

TYPE SCHOOL:	SCHOOL NAME AND LOCATION	COURSE OF STUDY	NO. YRS. COMPLETED
GRADE SCHOOL			
HIGH SCHOOL			
BUSINESS SCHOOL			
COLLEGE			
OTHER			
OTHER SPECIAL TRAINING OR EDUCATION (DESCRIBE AS ABOVE)			

PLEASE PRINT CLEARLY

OTHER SKILLS

ADDITIONAL INFORMATION

1 DATE OF BIRTH: MONTH DAY YEAR

2 HAVE YOU EVER BEEN CONVICTED OF A CRIME(S)? YES NO (CONVICTION IS NOT AN AUTOMATIC BAR TO EMPLOYMENT.)

If "Yes," explain the nature of the offense(s), date(s) of crime(s), and the penalty imposed.

3 Have you ever been convicted of a driving offense? YES NO (A "YES" ANSWER IS NOT AN AUTOMATIC BAR TO EMPLOYMENT.)

If "Yes," give details.

4 IS THERE ANY LEGAL REASON WHY YOU CANNOT BE EMPLOYED IN THIS COUNTRY? YES NO

If "Yes," explain.

REFERENCES

Name	Phone Number	Best Time to Call	Occupation

IMPORTANT - READ THE FOLLOWING CERTIFICATION AND AGREEMENT CAREFULLY BEFORE SIGNING BELOW.

In making this application for employment, I certify that the statements I have made are true, complete, and correct, and I agree that any willfully false statements or misrepresentations herein, whenever discerned, are just cause for the Martinez Fire Department either to refuse or to terminate my employment. Further, I authorize any school or further employer to disclose to the Martinez Fire Department, upon request, any information they may have as to my record, performance and attendance, and will hold such schools and employers harmless for such disclosure. I agree to take the Martinez Fire Department health survey and drug screening test following an offer of employment. I have read and do understand and subscribe to this certification and agreement.

In consideration of my employment, I agree to conform to the rules and regulations of the Martinez Fire Department. I also agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at my option or at the option of the Martinez Fire Department. I understand that no employee or representative of the Martinez Fire Department, other than the Board of Directors or Chief has any authority to enter into any agreement guaranteeing my employment for any specified period of time, nor to make any agreement contrary to the foregoing.

SIGNATURE	DATE SIGNED
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OFFICE USE ONLY

DIVISION	LOCATION	DEPARTMENT
JOB TITLE	STARTING DATE	