

**STURGIS DEPARTMENT
OF PUBLIC SAFETY
FIRE DIVISION**



**Employment Application
And
Personal History Statement**

AN EQUAL OPPORTUNITY EMPLOYER

GENERAL INFORMATION

Read Carefully Before You Complete This Application

NOTICE: Print clearly or type. Answer all questions. If specific section does not apply then enter N/A in that section. If you need additional space to answer any section you may use a separate sheet of paper and identify your answer with the referenced block (i.e. Employment Record).

Application must be completed by the person who is applying for the position.

Incomplete applications will not be processed!

Please be sure to date and sign this application in the appropriate section.

Do not misstate or omit any material facts. Any application containing misstatements, omissions or false information will be rejected from any further consideration.

GENERAL INFORMATION

Application for the position of:			Date:
Last Name	First Name	Middle Name	Soc. Sec. No.
Alias(es), Nickname(s), Maiden Name, Other Changes in Name			Phone No. / /
Present Residence Address Street or RDF / City or Post Office / State Zip Code			
Place of Birth (City, County, State)			Attach photostatic copy of birth certificate or baptismal certificate.
Scars, Physical Defects, Distinguished Marks			
U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Naturalization Certificate No.	If Derived, Parent's Certificate No.	Date, Place, and Court

EMPLOYMENT RECORD

List all previous employment. START WITH MOST RECENT POSITION AND WORK BACK TO THE LEAST RECENT POSITION. Identify part-time jobs with "P.T." and temporary jobs with "Temp."

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM	1.			
TO				
DUTIES PERFORMED				
FROM	2.			
TO				
DUTIES PERFORMED				
FROM	3.			
TO				
DUTIES PERFORMED				
FROM	4.			
TO				
DUTIES PERFORMED				
FROM	5.			
TO				
DUTIES PERFORMED				
FROM	6.			
TO				
DUTIES PERFORMED				
If now employed, why do you desire to change?		Were you ever discharged or have you resigned after being informed you employer intended to discharge you? <input type="checkbox"/> Yes <input type="checkbox"/> No. If so, Why?		

May we contact your present employer? _____

Did you ever apply to, or work for, the City of Sturgis before? _____

Under what name? _____

When? _____

List anyone you know who works for us: _____

EDUCATION:

High School: _____
Name and Address of School

No. of Years Attended: _____

Did You Graduate? _____

College: _____
Name and Address of School

No. of Years Attended: _____

Did You Graduate? _____

Subject/Major: _____

Specialized or Other School: _____
Name and Address of School

No. of Years Attended: _____

Did you Graduate? _____

Subject/Major: _____

Do you have US Military experience? _____ Date Entered _____

Branch _____ Rank _____ Date Discharged _____ Honorably? _____

Are you lawfully entitled to be employed in the United States? _____

Have you ever been convicted of a felony or do you have felony charges pending against you? _____

If so, please state offense, date and place where offense occurred: _____

Please provide any additional information, such as special skills, training, management experience, equipment, operation or qualifications you feel will be helpful to us in considering you application. (i.e. Paramedic, EMT, Hazmat, etc.)

FOREIGN LANGUAGE: Enter foreign language and indicate your knowledge of each by placing "X" in proper column.

Language	Reading			Speaking			Understanding			Writing		
	Exc.	Good	Fair	Exc.	Good	Fair	Exc.	Good	Fair	Exc.	Good	Fair

VEHICLE OPERATOR'S LICENSE (Driver's, Chauffeur's, etc.) Give the following information concerning any vehicle operator's license you have held or now hold:

License Number	State	Type	Expiration Date	Restrictions

Have you ever been denied issuance of a license or have you ever had a license suspended or revoked? Yes No

Explain fully: _____

Have you ever had automobile insurance withdrawn or revoked or have you ever been refused automobile insurance? Yes No

If yes, give details, including reasons, names of companies, dates, etc.: _____

REFERENCES

Give names of three persons not related to you, who know you through school, business or personal association. Do not use former employers.

A. CHARACTER	Name	Business or Profession
	Address	Home Phone/Business Phone
	Name	Business or Profession
	Address	Home Phone/Business Phone
	Name	Business or Profession
	Address	Home Phone/Business Phone

List at least three credit references. Give card number (if credit card) or account number for all others.

B. CREDIT	Name	Years Known	Address (Business Address Preferred)		
			Street	City	State

Are you certified by FFTC? Yes No

If certified, indicate location and date when certification was received: _____

ARRESTS, CONVICTIONS, DETENTION, LITIGATION: (INCLUDING Juvenile, Traffic, Civil, Military, etc.)

Have you ever been arrested or detained by any law enforcement agency? Yes No

If yes, explain in detail: _____

Have you ever been convicted of any criminal or civil offense? Yes No

If yes, describe in detail including date of conviction, Court of Record, offense, etc., (include any pleas of Nolo Contendre) Traffic Tickets, etc.

Have you ever been a defendant in any civil action? Yes No

If yes, explain: _____

Have you ever been fingerprinted for any reason (arrest, job applicant, licensing, etc.)? Yes No

If yes, explain: _____

Do you have any other characteristics which would hinder your ability to perform the job functions as described on the sheets accompanying this application?

Yes No If yes, Give Details.

Have you ever applied for a position with any governmental agency? Yes No. If yes, give details.

RESIDENCES: List all residences for the past five years, beginning with your present address.

Month and Year		Street and Number	City	State or County
From	To			

The Following Documents Must Accompany This Application:

- **Copy of FFTC Certification and EMS License**
- **Copy of College Transcript**
- **Copy of Birth Certificate**
- **Copy of Signed and Notarized “Release of Information Authorization”**

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY BEFORE SIGNING TO INDICATE YOUR UNDERSTANDING:

I understand that, prior to being offered employment; I may be requested to take an employment examination. In the event that I have a disability that will affect my ability to take the test, I will so inform the Sturgis Department of Public Safety prior to the administration of the test so that a reasonable accommodation can be made. The Sturgis Department of Public Safety reserves the right to require medical documentation regarding the need for accommodation.

I understand that if I am hired and if I suffer from a protected disability that affects my ability to do the job, I may ask the Sturgis Department of Public Safety to attempt to make a reasonable accommodation for it. I must make my request in writing to the personnel department within 182 days after I knew or reasonably should have known that an accommodation was needed.

I authorize investigation of all statements contained in this application for any employment-related purpose. I release the listed references and all employers, except those specifically excepted, to provide you with any and all applicable information they may give to you.

I certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers and that the entries made by me above are true, complete and correct to the best of my knowledge and belief and are made in good faith.

I further agree and consent in advance to being summarily discharged without cause or hearing if any of the above information contains any misrepresentation or falsification or if any material information had been omitted. In the event that I am employed by this department, I agree to comply with its dress code, with all of its orders, rules, and regulations. I hereby authorize my former employers to give any information regarding my employment with them, and in addition, to furnish any other information they may have concerning me.

_____ / _____ / _____
Date Signature of Applicant
Date of Hire Starting Salary Department ID #

AUTHORIZATION TO RELEASE INFORMATION

Re:

(Name of Applicant)

Date:

I am an applicant for a position with the Sturgis Department of Public Safety - Fire Division. The Department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the Sturgis Department of Public Safety

You are hereby authorized to furnish and release to the Sturgis Department of Public Safety, or any representative thereof, any and all information which may be requested including, but not limited to the following: credit records, bank account records, employment records, criminal records, driving records, and/or any other information that may be requested in connection with my application for employment with the Sturgis Department of Public Safety.

I consent to the release of any and all of the above stated information that you may have concerning me, my work record, my background and reputation, as well as any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law or other counsel, whether representing me or any person in any case, either criminal or civil, in which I presently have, or have had, an interest, and any internal affairs investigations and disciplinary actions, including any files which are deemed to be confidential and/or sealed.

I hereby release you, your organization, and all others from liability or damages which may result from furnishing the information requested to the Sturgis Department of Public Safety, including liability or damage pursuant to any state or federal laws. I hereby direct you to release the above referenced information to the Sturgis Department of Public Safety or its representative regardless of any agreement I may have had with you previously to the contrary.

This waiver is valid for a period of six (6) months from the date of my signature. A photocopy or fax copy of this Release Form will be valid as an original thereof, even though the said photocopy or fax copy does not contain an original writing of my signature.

(Signature of Applicant)

Subscribed and sworn to before me, a Notary Public, in and for said County of

_____, State of _____, this _____ day of _____, 20_____

Notary Public _____ County

My commission expires: _____

