

# FIRE DISTRICT NO. 2

Johnson County, KS

Administrative Office -19495 Metcalf, P.O. Box 127 Stilwell, KS 66085

Phone # 913-681-2764 Fax # 913-681-2786

## VOLUNTEER APPLICATION

PERSONAL INFORMATION				
Date:				
Name:		Social Security #:		
Address:		City:		
State/Province:		Zip/Postal Code:		
Home Phone:		Cell Phone:		
US Military or Naval Service:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Rank:	Present Membership in National Guard or Reserves:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Drivers License #:		Are you a US Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
DL State of Issue:		Date of Birth:*		

*\* The Age Discrimination Act of 1967 Prohibits Discrimination On The Basis Of Age With Respect To Individuals Who Are At Least 40 But Less Than 70 Years of Age.*

Education				
Type of School	Name and Location of School	Years Attended*	Year Graduated*	Subjects Studied
Grammar School				
High School				
College				
Trade, Bus. or Correspondence				

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**Please List Any Certifications :**

**Please list 3 references other than relatives and previous employers that you have known at least 1 year**

Name	Address	Business	Telephone	Years Known

Continue on the next page

## Present Employment

Are you Employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date you can Start?	
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Name of Present Employer: \_\_\_\_\_

Complete Address: \_\_\_\_\_

May we contact your present employer?  Yes  No Employer Telephone #: \_\_\_\_\_

## Previous Employment (list up to 3)

1.

Name of Employer: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Last job title: \_\_\_\_\_

Dates of employment: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_

Reason for Leaving (be specific): \_\_\_\_\_

2.

Name of Employer: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Last job title: \_\_\_\_\_

Dates of employment: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_

Reason for Leaving (be specific): \_\_\_\_\_

3.

Name of Employer: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Last job title: \_\_\_\_\_

Dates of employment: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_

Reason for Leaving (be specific): \_\_\_\_\_

Please give a brief statement explaining why you want to be a member of our Fire Department :

By my signature below, I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal, further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary be terminated at any time without any previous notice.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
(Type Name if completing electronically)