Cedar Hammock Fire Control District

CAREER EMPLOYMENT APPLICATION

Date of Application:	Desired Position	Desired Position:	
Name (First, Middle, Last):			
Is any additional information relative t	o a different name necessary for us	to check your work record (alias)?	
(If YES, please list)			
Street Address:			
City, State, Zip:		How Long?	
Mailing Address (if different):			
City, State, Zip:			
Home Phone:	Cell:		
Email Address:			
Are you 18 years of age or older?	Highest grade of	completed:	
High School:		City/State:	
Degree or Certificate Earned:			
Trade School:		City/State:	
Degree or Certificate Earned:			
College:		City/State:	
Degree or Certificate Earned:			
Other:		City/State:	
Degree or Certificate Earned:			
Military Service:	(if YES, provide copy of DD214)		
Preference will be given to eligible vet	terans and spouses. ARE YOU CLA	IMING VETERAN'S PREFERENCE?	
(Provide doc	umentation as specified by Florida A	Administrative Code 55A-7.013) List any	
other training or experience:			
Are you legally eligible to work in the	United States?	(Proof must be provided if YES is selected)	
Have you ever been convicted of a fel	lony or are there any felony charges	pending against you?	
(If YES, please describe below)			
INCIDENT	CITY/STATE	CHARGE	

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State names of relatives already employed by us: EMPLOYMENT HISTORY (Start with most recent employer) If YES, may we contact: Are you currently working for this employer? 1) Company Name State Phone City **Dates Employed** Job Title Supervisor Name **Duties** Reason for Leaving Company Name City State Phone Job Title **Dates Employed** Supervisor Name **Duties** Reason for Leaving Company Name City State Phone **Dates Employed** Job Title Supervisor Name **Duties** Reason for Leaving REFERENCES List at least 3 – Include only people familiar with your work ability who are not related to you. Address/Phone Number Name Years Known 1. 2. 3. I verify that the statements I have made in this application are true and complete. I understand that If I am hired, any false

Date

or incomplete statements in this application may be grounds for discharge.

Signature