

Dickinson Rural Fire  
Department  
706 South Main  
Dickinson, ND 58601  
701-456-7877  
Fax: 701-456-7877

# Fire Department Application

## PERSONAL

Name \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Telephone \_\_\_\_\_ Social Security Number \_\_\_\_\_ DOB: \_\_\_\_\_  
(Area Code)

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

Have you ever been convicted of a felony  
in the last seven years?  Yes  No Explain Felony \_\_\_\_\_

Are you a citizen of the United States?  Yes  No \_\_\_\_\_

Marital Status:  Single  Married Number of Dependents: \_\_\_\_\_

Have you applied for a position here before?  Yes  No If yes, when? \_\_\_\_\_

First Aid Training:  Yes  No Advanced First Aid:  Yes  No

EMT:  Yes  No Scuba Diver:  Yes  No

Summarize any other special skills or qualifications  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## EMPLOYMENT / APPROVAL

Employer: \_\_\_\_\_

Employer's Approval Signature: \_\_\_\_\_

Employer allows member to leave for calls during work hours:  Yes  No

Applicant's Signature: \_\_\_\_\_

Proposed By: \_\_\_\_\_

Meeting Dates: Presented: \_\_\_\_\_ Approved: \_\_\_\_\_

\*\*\* ALL APPLICANTS ARE SUBJECT TO BACK GROUND CHECK \*\*\*

## EMPLOYMENT HISTORY (LIST MOST RECENT FIRST)

1. Name of Employer \_\_\_\_\_  
Address \_\_\_\_\_  
*(Street)* *(City)* *(State)* *(Zip Code)*  
Supervisor and Title \_\_\_\_\_ Your Title \_\_\_\_\_  
Employed From \_\_\_\_\_ To \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Work Performed \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

2. Name of Employer \_\_\_\_\_  
Address \_\_\_\_\_  
*(Street)* *(City)* *(State)* *(Zip Code)*  
Supervisor and Title \_\_\_\_\_ Your Title \_\_\_\_\_  
Employed From \_\_\_\_\_ To \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Work Performed \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

3. Name of Employer \_\_\_\_\_  
Address \_\_\_\_\_  
*(Street)* *(City)* *(State)* *(Zip Code)*  
Supervisor and Title \_\_\_\_\_ Your Title \_\_\_\_\_  
Employed From \_\_\_\_\_ To \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Work Performed \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

## REFERENCES

Name	Relationship	Home Phone	Daytime Phone

## ACKNOWLEDGEMENT

I certify that the answers given by me in this application are correct to the best of my knowledge. I understand that any falsification of this application, whether willingly or accidental, is grounds for disqualification of employment consideration, or dismissal from employment if I am hired. I authorize the company to contact any and all of the references I have listed above to obtain previous employment information or any other pertinent information that they may have. Further, I release the above mentioned references from any and all liability for any damages that may result from information collected by this company. Verification of eligibility to work in the United States must be satisfied for an offer to be made.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_