

EDUCATION					
High School Attended: _____					
Completion Level: <input type="checkbox"/> AHSD <input type="checkbox"/> GED <input type="checkbox"/> CAM <input type="checkbox"/> CIM <input type="checkbox"/> External Diploma Program					
<input type="checkbox"/> Attendance completion <input type="checkbox"/> HS Graduate <input type="checkbox"/> Proficiency Exam <input type="checkbox"/> Did not complete HS <input type="checkbox"/> Still in HS					
Extended Education, Name and State of School	Full Time	Part Time	Major	Highest Level Completed	Degree/Cert & Year

List all work experience including military, volunteer and intern experience.

Name of Present or Last Employer				Kind Of Business		Address & Phone	
Start Date		Leaving Date					
Month	Year	Month	Year				
Job Title				Name Of Supervisor			
Job Duties							
Next Previous Employer				Kinds Of Business		Address & Phone	
Start Date		Leaving Date					
Month	Year	Month	Year				
Job Title				Name Of Supervisor			
Job Duties							

(Make additional copies if needed)

In submitting this application for employment, I authorize investigation of all statements contained within, and it is understood and agreed that any misrepresentation by me in this application may result in cancellation of the application and/or separation from the District service. I agree to immediately notify the District if I should become convicted of a felony, or any crime involving dishonesty or a breach of trust during my period of employment. I agree that I undergo a physical examination, at my own expense, if requested.

I hereby give consent for an investigative consumer report to be done on me for employment or volunteer purposes. I hereby authorize, without reservation, any law enforcement agency, administrator, state agency, state repository, former employer, corporation, credit agency, educational institution, city, state, federal court, military institution, information service bureau, employer or insurance company contacted by Evans Valley Fire District #6 to furnish any and all information required. I do understand the investigation will include information from law enforcement agencies, state agencies and public records information, such as credit, social security, criminal, motor vehicle and workers' compensation in accordance with the American with Disabilities Act. This report will include information as to my character work habits, performance and experience, along with the reasons for termination of past employment from previous employers. This releases the aforesaid parties from any liability and responsibility for collecting the above information at any time.

According to the Fair Credit Reporting Act (Law 91-508) SS 606:

A person may not procure or cause to be prepared an investigative consumer report on any consumer unless it is clearly and accurately disclosed to the consumers that an investigative consumer report including information as to his character, general reputation, personal characteristics and mode of living and employment history, whichever are applicable, may be made. I also understand that if I am denied employment because of the consumer investigation, it is my right to have the name of the agency or agencies disclosed to me within the time allowed. This authorization, in original or copy form, shall be valid for this and any further reports or updates that may be requested.

I certify I have read all of this application and the information I have provided above is true and correct.

Signature _____ Date _____

Incomplete applications will not be considered.