

HFTA Employee Application

Date: _____

INSTRUCTIONS (please read carefully): This application is an initial part of the candidate evaluation process. Please apply only if you feel reasonably certain that you meet the requirements as described in the position flyer. Print clearly in **BLUE or BLACK** ink and fill this application out completely. Please notify us promptly if you have a change of address, phone or email.

| | | | | | |
|--|------------------------------|-------------------------|-------|-----------|----------|
| Full Name (Last, First MI) | | | | | |
| Home Address | | | City | State | Zip Code |
| Mailing Address (if different from home address) | | | | | |
| Home Phone Number () | Cell Phone Number* () | Driver's License Number | State | Exp. Date | |

EMAIL _____

**MOST COMMUNICATION/NOTICES WILL BE SENT TO YOU VIA YOUR EMAIL
NO OTHER FORM OF APPLICATION WILL BE ACCEPTED**

EDUCATION AND TRAINING

Name and location of High School: _____

Circle highest grade completed: 9 10 11 12 Did you receive a high school diploma? Yes No GED

Include relevant education and training, including college, business, technical and in-service coursework

| School Name Location (city and state) | Dates of Attendance | | Units/Hours Completed | | Course/Series Title or Major Field | Degree/Certificate Received & Year |
|--|---------------------|---------------|-----------------------|------|---------------------------------------|---------------------------------------|
| | From Mo / Yr | To Mo / Yr | Sem. | Qtr. | | |
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Please describe additional course work or training (including military), which may assist you in this position.

Please list and provide copies of special certificates or other competencies which may assist you in this position.

Licensing Information
 Driver's License: Type: _____ Number: _____ Expiration Date: _____

EXPERIENCE

Beginning with your current or most recent position, list all positions you have held for at least the last 10 years; account for periods of unemployment. **Each title change or promotion should be listed and detailed separately.** If additional space is needed, please make copies of this page or attach additional sheets in a similar format.

| | |
|----------------------|---|
| From: / / | Employer: |
| To: / / | Address: |
| Total Yrs: Mos: | Job Title/Assignment: |
| Hours/Week: | Duties |
| Number Supervised: | |
| Supervisor: | Title: Phone: () |
| Reason for leaving: | |
| <hr/> | |
| From: / / | Employer: |
| To: / / | Address: |
| Total Yrs: Mos: | Job Title/Assignment: |
| Hours/Week: | Duties |
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| Number Supervised: | |
| Supervisor: | Title: Phone: () |
| Reason for leaving: | |

Additional pages of this application form attached? Yes No

CERTIFICATE OF APPLICANT (Read carefully before signing): I hereby certify that all statements made in this application and on all supplemental information provided are true, and I agree and understand that any misstatement of facts may cause disqualification from or forfeiture of placement in the Heartland Fire Academy. I authorize the Heartland Fire Training Authority personnel members to make any necessary and appropriate investigations to verify the information provided.

SIGNATURE: _____ DATE: _____

(OFFICE USE ONLY) DATE RECEIVED: _____ TIME: _____ INITIALS: _____

Reminder: Attach ALL necessary documentation to verify education and certifications.

This Includes:

- **Application**
- **Resume**
- **Unofficial transcripts (if applicable)**
- **Related certificates IE: Typing speed, related specialized courses**