

Former Employers	(List below Last Three Employers, starting with most recent first.)
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Date Month & Year	Name and Address of Employer	Yearly Salary	Position	Reason for leaving
From				
To				
From				
To				
From				
To				
From				
To				

Which of these jobs did you like best? _____

What did you like most about the job? _____

References	Give the names of three persons not related to you, whom you have known at least one year.
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Name	Address	Business	Years Acquainted

In case of emergency notify: _____

Name Address Phone

"By completing the fields below, I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the rules and regulations of the Rolla Rural Fire Protection District, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the District's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the District. I understand that no District representative, other than the Board of Directors or Fire Chief, and then only when in writing and signed by the Board of Directors or Fire Chief, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing."

Date: _____ Please sign your name: _____

This form has been revised to comply with the provisions of the Americans with Disabilities Act and the final regulations and interpretive guidance promulgated by the EEOC on July 26, 1991.

