

## Application For Employment Pre-Employment Questionnaire

(An Equal Opportunity Employer)

(Please complete all shaded areas)

Personal Information	1							
		•				Date:		
Name:						S.S. #:		
Last		First		Mid	dle			
Present Address:								
		Street		Ci	ty	State	Zij	)
Permanent Address:								
		Street		Ci	ty	State Zip		)
Phone Number:			E-Ma	ail Address:				
Are you 18 years or older?					Yes		No	
Are you prevented from la because of Visa or immigr			in this (	country	Yes		No	
Employment Desired	i							
				Date You		Salary		
Position				Can Start:		Desired:		
Are you employed now?			If so, m	nay we inquire	e of your pre	sent emplo	yer?	
Ever applied with the Rolla	a Rural F.P.	D. before?		Position?			When?	
How did you learn of this ope	ening?							
Education	Name an	nd Location of Sch	nool	Years Attended	Did You Graduate?	Sub	Subjects Studied	
Grammar School								
High School								
College								
Trade, Business or Correspondence School								
Subjects of special study or research work:								
Special Skills:								
Activities (Civic, Athletic, e								
Exclude organizations, the	name of which i	ndicates the Race, Cr	eed, Sex,	Age, Marital Sta	atus, Color or Na	ation of Origin	of its membe	rs.
U.S. Military Service				Rank		Presently Guard or	y in Nat'l Reserves	

Former Employers	(List below Last Three Employers, st	arting with mo	ost recent first.)	
Date Month & Year	Name and Address of Employer	Yearly Salary	Position	Reason for leaving
From				
То				
From				
То				
From				
То				
From				
То				
Which of these jobs did you	like best?			
What did you like most abou	t the job?			
References	Give the names of three persons not	related to you	u, whom you have knov	wn at least one year.
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.

