



Application for Employment (Administrative Assistant-Accounting Bookkeeper)
(Please Print)

Date of Application _____

Last Name

First Name

Middle Name

Address – Number

Street

City

State

Zip Code

How long have you lived at Present Address?

Social Security Number

Date of Birth

Place of Birth (City, State & Country)

Cell Phone Number

Home Phone Number

Email Address

I am a Citizen of the United States of America () Yes () No

If (No), Are you legally eligible for employment in this country () Yes () No
(*Proof of U.S. Citizenship or immigration status will be required upon employment*)

ARMED FORCES

Branch _____ Period of Service _____ to _____

Type & Date of most recent Discharge _____

Optional – Describe any specialized training, job related, apprenticeship, skills and extra curricular activities received in the United States Military

EDUCATION

High School _____ Address _____

Dates Attended _____ to _____ Graduated () Yes, When () No

Date of successful completion of Equivalence Test _____

College _____ Address _____

Dates Attended _____ to _____ Graduated () Yes, When () No

Degree Received _____ Major _____

EDUCATION – (Cont.)

Other / College _____ Address _____

Dates Attended _____ to _____ Graduated () Yes, When () No

Degree Received _____ Major _____

EMPLOYMENT EXPERIENCE

List your complete work history; use a separate sheet of paper if necessary. Start listing with your current employer and work backwards.

May we contact your current employer () Yes () No

1) Employer Name & AddressTelephone Number(s)

Supervisor

From To

Position

Reason for Leaving

2) Employer Name & AddressTelephone Number(s)

Supervisor

From To

Position

Reason for Leaving

3) Employer Name & AddressTelephone Number(s)

Supervisor

From To

Position

Reason for Leaving

4) Employer Name & AddressTelephone Number(s)

Supervisor

From To

Position

Reason for Leaving

REFERENCES

Name & Address

Telephone Number(s)

Name & Address

Telephone Number(s)

REFERENCES- (Cont.)

Name & Address

Telephone Number(s)

Name & Address

Telephone Number(s)

All applicants are to read and certify their understanding of the following paragraphs and the statements on this application by their signature.

I hereby certify all statements, representations, additional listings and answers to questions are complete, accurate and contain no misrepresentations or falsifications. It is understood and agreed upon that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed.

The employer is an Equal Opportunity Employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.

It is understood it is the Fire District's policy not to refuse to hire a qualified individual with a disability because of the person's need for an accommodation that would be required by the ADA (Americans with Disabilities Act).

I give the employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organization for furnishing such information.

I agree, if employed to submit to medical examination including substance abuse test as directed by the Wentzville Fire Protection District.

I am in possession of a valid state motor vehicle operator's license for the State of Missouri.

Signature of Applicant_____ Date_____