

## **DEER CREEK FIRE PROTECTION DISTRICT**

"Desire to Serve, Courage to Act"

### **Application for Volunteer Fire Recruit**

**Instructions:** Please complete the application in full. **Print legibly or type all information.** False or incomplete information is cause for rejection or dismissal. Employment is subject to a background check, driving record check, reference check, and residency requirements. This application, along with any attachments, becomes the property of the Deer Creek Fire Protection District.

All applicants meeting the Deer Creek Fire Protection District's minimum qualifications will be considered for employment without regard to race, religion, sex, nation origin, or age.

#### **Personal Information**

Name (Last, First, Middle)	Social Security No				
Date of Birth Oklahoma State Pension System requirements)	(must be at least 18 years of age to apply but no older than 45 years of age per requirements)				
Present Address					
Home Telephone	Cell	Other			
E-mail Address					
		Deer Creek Fire Protection District?Yes _	No		
If yes, please give their name		Relationship			
Have you ever been employed with the Deer	Creek Fire Protection	District?YesNo			
If yes, please give your reason for leaving					
Date of employment: From:		To:			
Have you previously filed an application with	h the Deer Creek Fire	Protection District?YesNo			
If yes, please give the date you previously app	lied				
Have you ever been arrested?Yes	No				
If yes, please list the reason/charges/disposition	on/date of charges				

# **Education**

Circle your highest level of education:

High School 9 10 11 12			llege 2 3 4	Graduate Sc 1 2 3 4	hool
High School Name					
Location (City, State)_					
Did you graduate high	school?	N	o If no, do you have	e a G.E.D.?Yes	No
Please describe any cou				that relate to the position yo	u are
Vocational/Technical I	nstitute Name	e			
Location (City, State)_					<del>-</del>
Did you graduate?	Yes	No			
Please describe any cou				that relate to the position yo	u are
College Name_					
Location (City, State)_					
Did you graduate?	Yes	No			
1			ities you participated in	that relate to the position yo	u are
College Name					
Location (City, State)_					
Did you graduate?	Yes	No			
			ities you participated in	that relate to the position yo	u are

# **Employment History**

Instructions: List <u>all</u> employers for which you have worked in the last five (5) years, starting with the most recent or current employer. Complete <u>all</u> blanks that apply. Please print legibly or type. Describe all job duties performed, especially those which demonstrate your qualifications for the position to which you are applying. <u>A RESUME IS NOT A SUBSTITUTE FOR THE INFORMATION REQUESTED BELOW.</u> A resume may be attached as a supplement to the information given below. Failure to provide the required information may result in disqualification from active consideration. Use an extra page if necessary.

Most Recent Employer	ecent EmployerStarting Date				
Address	Ending Date				
Name of Supervisor	Position Held				
Reason for Leaving	May We Contact this Employer?YesNo				
	, especially those which demonstrate you qualification for the position to which				
Previous Employer	Starting Date				
	Ending Date				
	Position Held_				
	May We Contact this Employer?YesNo				
	, especially those which demonstrate you qualification for the position to which				
Previous Employer_	Starting Date				
Address	Ending Date				
Name of Supervisor	Position Held				
Reason for Leaving	May We Contact this Employer?YesNo				
	, especially those which demonstrate you qualification for the position to which				

# References

**Instructions:** Please provide **three (3)** professional references and **one (1)** personal references. Please do not include family references unless you worked directly for them.

Reference Name (Fin	rst Last)			
Title/Position		Company	 	
Address (City, State	)		 	
Phone Number				
E-mail Address				
	Professional			
Reference Name (Fin	rst Last)			
Title/Position		Company	 	
Address (City, State)	)		 	
	Professional			
Reference Name (Fin	rst Last)			
Title/Position		Company		
Address (City, State)	)			
	Professional			
Reference Name (Fin	rst Last)			
Title/Position		Company	 	
Address (City, State	)			
Phone Number				
E 9.411				
Reference Type	Professional	Personal		

Station #1: 20855 N. Meridian Ave, Edmond, Oklahoma 73012 /405.216-0665 Station #2: 22700 N. Pennsylvania Ave, Edmond, Oklahoma 73025/405.359-1304

Explain, in detail, any time lapses in your employment history due to unemployment or other reasons:		
Please explain, in detail, any past firefighting and/or EMS experience you have. Be sure to include relevant on names:	lates and agency	
IMPORTANT – PLEASE READ AND SIGN		
I understand that all information submitted is subject to verification. I understand and authorize the Deer Creel District to conduct verification and/or investigation of my criminal history, driving record, character, empreputation, and any other job-related investigation as deemed necessary to determine my qualifications for em	loyment history,	
I certify that all statements and answers to all questions in this application are true, complete, and correct and a faith. I understand that falsification of any answers I have given will have serious consequences, including disemployment and/or termination of employment.		
D		