



# CITY OF GLENWOOD

5 N. VINE STREET, GLENWOOD, IA 51534  
 PH. 712-527-4717 CITYCLERK@CITYOFGLENWOOD.ORG  
 Fire Department Employment Application

FULL-TIME

PART-TIME

VOLUNTEER

APPLICANT INFORMATION													
Last Name			First			M.I.		Date					
Street Address					Apartment/Unit #								
City				State		ZIP							
Phone				E-mail Address									
Date Available			Social Security No.										
Position Applied for													
Do you have a valid driver's license?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		Have you ever been convicted of a crime?			YES <input type="checkbox"/>		NO <input type="checkbox"/>	
Have you ever been placed on probation?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, when?						
Have you ever been convicted of a felony?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, explain						

EDUCATION											
High School/ GED				Address							
Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree					
College				Address							
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree	
Other				Address							
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree	

REFERENCES									
<i>Please list three professional references.</i>									
Full Name				Relationship					
Company				Phone					
Address									
Full Name				Relationship					
Company				Phone					
Address									
Full Name				Relationship					
Company				Phone					
Address									

PREVIOUS EMPLOYMENT									
Company						Phone			
Address						Supervisor			
Job Title				Starting Salary		\$		Ending Salary \$	
Responsibilities									
From		To		Reason for Leaving					
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>		NO <input type="checkbox"/>			
Company						Phone			
Address						Supervisor			
Job Title				Starting Salary		\$		Ending Salary \$	
Responsibilities									
From		To		Reason for Leaving					
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>		NO <input type="checkbox"/>			
Company						Phone			
Address						Supervisor			
Job Title				Starting Salary		\$		Ending Salary \$	
Responsibilities									
From		To		Reason for Leaving					
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>		NO <input type="checkbox"/>			
Company						Phone			
Address						Supervisor			
Job Title				Starting Salary		\$		Ending Salary \$	
Responsibilities									
From		To		Reason for Leaving					
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>		NO <input type="checkbox"/>			

MILITARY SERVICE								
Branch					From		To	
Rank at Discharge					Type of Discharge			
If other than honorable, explain								

DISCLAIMER AND SIGNATURE		
<p>I hereby certify that all statements in this application and accompanying materials are true and I agree and understand that any misrepresentation or deliberate omission of a material fact may be justified for termination or refusal of employment. I authorize the City of Glenwood to release information as necessary to verify statements made in this application and/or accompanying materials. I also authorize the employers, schools, or persons named above to give any additional information regarding my qualifications and character. If offered the position, I further agree to submit to a job-related medical and psychological exam (which will be treated as confidential) by an authorized physician and/or fingerprinting as a condition of employment. I further agree to furnish proof of either citizenship or legal right to work in the US</p>		
Signature		Date

## EMS Certifications

Please mark all certifications possessed and include photocopies of all certificates or certification cards.

	Expiration Date		Expiration Date
CPR	_____	ACLS	_____
EMT	_____	PHTLS	_____
NREMT B	_____	AMLS	_____
EMT I	_____	PALS	_____
NREMT I	_____	PEPP	_____
EMT P	_____	BTLS	_____
NREMT P	_____	ATLS	_____
EVOC	_____		

Current certification level \_\_\_\_\_

Certification Number \_\_\_\_\_

Certified since \_\_\_\_\_