



### Employment Application

#### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: ( ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ DL Number: # \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for a fire department? YES NO If so, where? \_\_\_\_\_

Have you ever been convicted of a felony? YES NO

If yes, explain: \_\_\_\_\_

#### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO Degree: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO Degree: \_\_\_\_\_

#### References

Please list three professional references. (No family)

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  NO

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  NO

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  NO

**Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_





*Little Flock Fire Department*

1414 Little Flock Drive  
Rogers AR 72756  
(479) 936-7912

**Questionnaire**

1: Have you ever been arrested or charged with any violation or crime, including traffic tickets? Yes  No

If yes, explain:

2: Has your driver's license ever been revoked or suspended? Yes  No

If yes, explain:

3: Why do you wish to become a member of the Little Flock Fire Department?

4: Are you willing to take a polygraph examination? Yes  No

If no, explain:

5: Are you willing to take a psychological? Yes  No

If no, explain:

6: What makes you think you would be good at this position?

7: What skill set do you have to offer the citizens of the City of Little Flock?

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. Incomplete applications will be rejected without further review.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_





**Authorization to Release Information**

I, \_\_\_\_\_, am an applicant with the Little Flock Fire Department (LFFD). In order to process my application, certain information must be made available to LFFD representatives. This information is for my benefit. I hereby authorize, request, and direct educational institutions; my references; my employers (past and present); medical institutions and doctors; any other person, institution, or organization; and all governmental agencies, law enforcement agencies and instrumentalities (local, state, federal, or foreign); wherever said individuals or organizations are situated, to release to the Fire Chief or to any representative thereof, the following information, including but not limited to any document, information, record, or file that he deems material to the processing of my application for employment. Said information can be furnished if the request therefore is made in person or writing.

Pursuant to ARK. CODE ANN. SECTION 12-12-100, I hereby authorize the Little Flock Fire Department representatives to obtain conviction information from any local, state, federal, or foreign agency, registry or repository. I understand that conviction information shall only be used for the purpose of employment with the department and that conviction information may not be re-disseminated.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**AFFIDAVIT**

I, \_\_\_\_\_, being first duly sworn, deposes and says the following: I am the person who executed the above authorization. I understand its meaning, intention, and effect, and that the statements therein made are true and correct.

Signature \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Commission Expiration

\_\_\_\_\_  
Notary Public

**ADMINISTRATIVE USE ONLY**

Department Instructions:  
1. Review application for eligibility; completely filled out, signed by applicant and properly notarized.  
2. Approve or decline application.  
3. Interview applicant.

**DEPARTMENT ADMINISTRATIVE ACTION**

Date of interview:	Comments:
Action: APPROVED <input type="checkbox"/> DECLINED <input type="checkbox"/>	
Reason:	

