



# LITTLE FLOCK FIRE DEPARTMENT

1414 Little Flock Dr

Little Flock AR, 72756

Phone: (479)936-7912

Fax: (479)986-9169

E-mail: 1101@cityoflittleflock.com

## Employment Application

### Applicant Information

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

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

SSN: \_\_\_\_\_

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

Are you at least 18 years old? YES  NO  Do you have a valid Driver's License? YES  NO

Have you ever worked for this company? YES  NO  If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony? YES  NO  If yes, explain: \_\_\_\_\_

### Education

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

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

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

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

### Military Service

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

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

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

### References

Please list two professional references.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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





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## Previous Employment

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Job Title: \_\_\_\_\_  
 Responsibilities: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
 YES NO  
 May we contact your previous supervisor for a reference?

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Job Title: \_\_\_\_\_  
 Responsibilities: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
 YES NO  
 May we contact your previous supervisor for a reference?

## 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.*

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.

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

\_\_\_\_\_  
Date





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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Date of birth: \_\_\_\_\_

SSN: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ County/City: \_\_\_\_\_

State: \_\_\_\_\_ Country: \_\_\_\_\_

I \_\_\_\_\_ do hereby authorize a review of and full disclosure of all records, or any part thereof concerning myself, by and to any duty authorized agent of the Little Flock Fire Department, whether the said records are of public, private, or confidential in nature.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly in whole or in part upon this release authorization will be considered in determining my suitability for employment by the Little Flock Fire Department. I understand that all materials pertaining to this background investigation become the property of Little Flock Fire Department and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorneys fee; arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved the sources of confidential information cannot be revealed to me.

A photocopy of this release form will be valid as an original hereof even though the said photocopy does not contain an original writing of my signature.

**MUST BE SIGNED IN THE PRESENCE OF A NOTARY:**

Subscribed and sworn before me this,  
\_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

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

My commission expires \_\_\_\_\_ 20 \_\_\_\_\_

Street Address: \_\_\_\_\_

Notary: \_\_\_\_\_

City: State: Zip Code \_\_\_\_\_

