

**CITY OF LOWELL  
FIRE DEPARTMENT**

DATE: \_\_\_\_\_

APPLICATION FOR EMPLOYMENT  
To Applicant: READ THIS INTRODUCTION CAREFULLY

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits discrimination on the basis of age with respect to certain individuals. The laws of most states also prohibit some or all of the above types of discrimination as well as some additional types such as discrimination based upon ancestry, marital status or physical or mental handicap or disability.

Position of: \_\_\_\_\_  
(FIREFIGHTER, EMT, CLERK, SECRETARY, ETC.)

Name: \_\_\_\_\_  
LAST FIRST MIDDLE MAIDEN

Address: \_\_\_\_\_  
NUMBER/STREET CITY STATE ZIP PHONE

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

Date of Birth: \_\_\_\_\_ Driver's License # \_\_\_\_\_ State: \_\_\_\_\_  
MONTH DAY YEAR

Do you possess an operator's license by any state other than Arkansas? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give state and number: \_\_\_\_\_ Year issued: \_\_\_\_\_

Have you ever been employed under a different name: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give name(s): \_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain in detail on separate page.

Have you ever been convicted of a misdemeanor? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain: \_\_\_\_\_

List any ticket violations in the last five (5) years: \_\_\_\_\_

Was your driver's license ever revoked or suspended? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Have you been involved in a traffic accident in the past five (5) years? Yes \_\_\_\_\_ No \_\_\_\_\_

ALL APPLICANTS LIST BELOW INFORMATION CONCERNING ACTIVE MILITARY DUTY, IF ANY:

Branch of Service	Serial Number	Enlistment Date	Discharge Date	Type of Discharge

List any disciplinary action taken against you while in the armed forces: \_\_\_\_\_

Are you a member of a Reserve Unit? Yes \_\_\_\_\_ No \_\_\_\_\_ Give unit and length of time remaining: \_\_\_\_\_

Are you willing to take a physical exam? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you willing to take a psychological evaluation? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you object to wearing a uniform? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Do you object to working nights? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Do you object to working shifts? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain: \_\_\_\_\_

List all jobs you have held in the last 10 years. Put your present or most recent job first (if more space is needed, attach additional sheets).

Job Title: \_\_\_\_\_ Starting salary: \_\_\_\_\_ Ending salary: \_\_\_\_\_

Employer: \_\_\_\_\_ No. of employees supervised by you: \_\_\_\_\_

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

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

Name and title of supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

Date Employed:		
Date Separated:		
Full-Time	Years	Months
Part-Time	Years	Months
If part-time, number of hours worked per week		

Job Title: \_\_\_\_\_ Starting salary: \_\_\_\_\_ Ending salary: \_\_\_\_\_

Employer: \_\_\_\_\_ No. of employees supervised by you: \_\_\_\_\_

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

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

Name and title of supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

Date Employed:		
Date Separated:		
Full-Time	Years	Months
Part-Time	Years	Months
If part-time, number of hours worked per week		

Job Title: \_\_\_\_\_ Starting salary: \_\_\_\_\_ Ending salary: \_\_\_\_\_

Employer: \_\_\_\_\_ No. of employees supervised by you: \_\_\_\_\_

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

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

Name and title of supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

Date Employed:		
Date Separated:		
Full-Time	Years	Months
Part-Time	Years	Months
If part-time, number of hours worked per week		

Job Title: \_\_\_\_\_ Starting salary: \_\_\_\_\_ Ending salary: \_\_\_\_\_

Employer: \_\_\_\_\_ No. of employees supervised by you: \_\_\_\_\_

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

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

Name and title of supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

Date Employed:		
Date Separated:		
Full-Time	Years	Months
Part-Time	Years	Months
If part-time, number of hours worked per week		

May we contact your present employer? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, why? \_\_\_\_\_

Have you received workmen's compensation? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, describe: \_\_\_\_\_

Have you previously submitted an application with this agency? Yes \_\_\_\_\_ No \_\_\_\_\_

List any friends or relatives working for the City of Lowell: \_\_\_\_\_

List all schools attended (List any additional schooling or training you feel qualifies you for the position applied for. Use additional sheets if necessary):

Name of School	City & State	From (Mo & Yr.)	To (Mo & Yr.)	Years Completed
High School				
College/Trade School				
Other				

**FOR OFFICE USE ONLY**

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## Certifications

\_\_\_\_\_ FIREFIGHTER I

\_\_\_\_\_ HAZMAT OPS

\_\_\_\_\_ FIREFIGHTER II

\_\_\_\_\_ HAZMAT TECH

\_\_\_\_\_ EMTB

\_\_\_\_\_ HIGH ANGLE RESCUE

\_\_\_\_\_ EMTP

\_\_\_\_\_ WATER RESCUE

Other: (Please list)

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**Please list any computer skills:**

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**Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation in the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

\_\_\_\_\_ YES    \_\_\_\_\_ NO

## References

1. \_\_\_\_\_  
(Name) Phone #

\_\_\_\_\_  
(Address)

2. \_\_\_\_\_  
(Name) Phone #

\_\_\_\_\_  
(Address)

3. \_\_\_\_\_  
(Name) Phone #

\_\_\_\_\_  
(Address)