



# Hesston Fire / EMS Employment Application

**115 E. Smith Street  
Hesston, Kansas 67062  
(620) 327-4412 (620) 327-4595 fax**

What position(s) are you interested in? Firefighter  EMS  Both

Today's Date \_\_\_\_\_

## PERSONAL INFORMATION

Last Name _____			First Name _____			Initial _____		
Address _____								
City _____			State _____			Zip _____		
Telephone		Home _____		Work _____		Cell _____		
Email Address _____								
Date of Birth _____			Social Security # _____					
Driver's License # _____			Driver's License State _____					

## EDUCATION / TRAINING

High School:	Level / Year Completed:	Course of Study:
College:	Level / Year Completed:	Course of Study:
Other:	Level / Year Completed:	Course of Study:

Fire Certification	FF I <input type="checkbox"/>	FF II <input type="checkbox"/>	Hazmat Awareness <input type="checkbox"/>	Hazmat Operations <input type="checkbox"/>
None <input type="checkbox"/>	Date: _____	Date: _____	Date: _____	Date: _____

Fire / Rescue Experience	Department:	City / State:	Dates:
None <input type="checkbox"/>			

EMS Certification	EMR <input type="checkbox"/>	EMTB <input type="checkbox"/>	AEMT <input type="checkbox"/>	Paramedic <input type="checkbox"/>
None <input type="checkbox"/>	Cert # _____	Cert # _____	Cert # _____	Cert # _____

EMS Experience	Department:	City / State:	Dates:
None <input type="checkbox"/>			

Military Experience	Branch:	Highest Rank:	Dates:
None <input type="checkbox"/>			

**REFERENCES**

Please provide us with three references that are not living with you. Please do not include family members. References must be at least 18 years of age.

1. Name: Telephone:	Address:
2. Name: Telephone:	Address:
3. Name: Telephone:	Address:

**PREVIOUS/CURRENT EMPLOYMENT**

Company Name: Telephone:	Address:
Employment Dates:	Responsibilities:
Reason for Leaving:	Supervisor Name: May we contact this supervisor for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>

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Employment Dates:	Responsibilities:
Reason for Leaving:	Supervisor Name: May we contact this supervisor for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>

Company Name: Telephone:	Address:
Employment Dates:	Responsibilities:
Reason for Leaving:	Supervisor Name: May we contact this supervisor for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Do you have any felony convictions or DUI violations? Yes  No  If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I HEREBY CERTIFY I have answered all questions completely and that the answers given by me to the above questions and statements are true and correct and hereby authorize you to investigate my character and background and to solicit any information from my references, past or present employers, persons, and any other sources of information which may be relevant to my application for employment. It is understood and agreed that any misrepresentation, false statement or omissions by me in this application will be sufficient reason for rejection of my application or for dismissal at any time during my employment, without liability to this City. I have read, understand and agree to the above statement. (Please initial here.) \_\_\_\_\_

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