

Dakota Valley Emergency Services District Volunteer and/or Employment Application

			App	licant	Information				
Full Name:							Date:		
	Last		Firs	st		M.I.			
Address:									
	Street Add	ress					Apart	ment/l	Unit #
	City					State	ZIP Co	ode	
Phone:					Email				
Date Availa	rate Available:Social Se			No.:_		Desired Salary: <b>\$</b>			
Position Ap	oplied								
Are you a c	itizen of th	e United States?	YES	NO	If no, are you a	authorized to U.S.?	work in the	YES	NO
Do you agree to a driver's license and criminal background check?		YES	NO	If yes, DL # and State_					
Have you ever been convicted of a felony?			YES	NO	If yes, explain				
Certificatio	ns, credent	ials, or experienc	e rele	vant t	o this position				



		Education			
High School:		Address:			
From:	To:	Did you YES graduate?	NO	Diploma:	
College:		Address:			
From:	To:	Did you YES graduate?	NO	Degree:	
Other:		Address:			
From:		Did you YES graduate?	NO	Degree:	
		References			
Please list three pr	ofessional refere	ences.			
Full Name:				Polationship	
				Kelationsilip.	
Company:					
Addross:					
Address:				Phone:	
Address: Full Name:				Phone: Relationship:	
Address:  Full Name:  Company:				Phone:Relationship:Phone:_	
Address:  Full Name:  Company:  Address:				Phone: Relationship: Phone:	
Address:  Full Name:  Company:  Address:  Full Name:				Relationship: Phone: Relationship:	



	Previous	s Employment		
Company: _				Phone:
Address: _				Supervisor:
Job Title: _	Starting	ş Salary:\$		Ending Salary:\$
Responsibili	ties			
From:	To:	Reason for Le	eaving:	
May we con reference?	tact your previous supervisor for a	YES	NO	
Company				Phono:
				Phone:Supervisor:
Job Title: _	Starting	g Salary: <b>\$</b>		Ending Salary: <b>\$</b>
Responsibili	ties			
From:	To:	Reason for Le	eaving:	
May we con reference?	tact your previous supervisor for a	YES	NO	
Company:				Phone:
				Supervisor:
Job Title: _	Starting	g Salary: <b>\$</b>		Ending Salary:
Responsibili	ties			
From:	To:	Reason for Le	eaving:	
May we con reference?	tact your previous supervisor for a	YES	NO	



	Military Service	
Branch:	From:	To:
Rank at Discharge:	Type of Discharge:	
If other than honorable, explain:		
Disc	laimer and Signature	
Please list any additional information you be including why you would like to work for the Sioux City Fire Department.	elieve would be important in con	0,
Please Read and Sign		
To the best of my knowledge, all of the informat understand that any omission or falsification of consideration for employment or for dismissal.		
I understand that any offers of employment are background checks. I understand employment a terminated by the employee or by the organizat	t this organization is "at will", which	means employment may be
We do not discriminate on the basis of race, creage, disability, or any other status protected by		ender, sexual orientation, sex,
Applicants Printed Name		
Signature	Date	