

APPLICATION DATE _____

**LINN FIRE PROTECTION DISTRICT
APPLICATION**



Ensure a copy of criminal record/back ground check is submitted with application.

We are an equal opportunity employer, dedicated to the policy of nondiscrimination in employment on any basis including race, color, age, sex, religion, or origin.

PERSONAL INFORMATION			
FIRST NAME	MI	LAST NAME	
MAILING ADDRESS		CITY,ST,ZIP	
PHYSICAL ADDRESS		CITY,ST,ZIP	
EMAIL ADDRESS		CELL PHONE	HOME PHONE
Have you ever been a firefighter before? Y N		Are you a citizen of the United States? Y N	
Name some skill you possess:			
EMPLOYMENT HISTORY (MOST RECENT FIRST)			
Date from	To	Company	City, St
Title and Duties			
Reason for leaving		Supervisors Name	Phone Number
Date from	To	Company	City, St
Title and Duties			
Reason for leaving		Supervisors Name	Phone Number
Date from	To	Company	City, St
Title and Duties			
Reason for leaving		Supervisors Name	Phone Number
Date from	To	Company	City, St
Title and Duties			
Reason for leaving		Supervisors Name	Phone Number
EDUCATION AND TRAINING			
High School Graduate or General Education (GED)? Y N			
COLLEGE, BUSINESS SCHOOL, MILITARY (MOST RECENT FIRST)			
Name and Location	Dates attended	Major	Graduated
OFFICIAL USE ONLY			
HUMAN RELATIONS COMMITTEE			
NAME OF CHAIR		NAME OF MEMBER	
NAME OF MEMBER		RECOMMENDATION	DATE
INFORMATION SUMMARY			
CHIEF'S REVIEW			
REVIEW DATE		APPROVED	DISAPPROVED
SIGNATURE			
ASSIGNED DSN		PHOTO TAKEN	
STATION ASSIGNMENT			
PRIVACY DECLARATION			
The information on this form will not be given out to any personnel. This information is used within the department and within the restrictions and guidelines of the law. The Privacy Act of 1974 applies to you and this department.			