

**WEBER FIRE DISTRICT**  
**2023 West 1300 North, Farr West, UT 84404**

Employment Application		
Position of Interest:	Have you read the job description or job announcement? ___Yes ___No	
Are you able and willing to perform all the essential functions of the position you are applying for? ___Yes ___No		
Last:	Middle:	First:
Address:	Apt./Unit #:	City:
State:	Zip:	U.S. Citizen? ___Yes ___No
Phone:	Cellular:	Email:

EDUCATIONAL BACKGROUND				
High School Graduate? ___Yes ___No If no, circle the highest year completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED? ___Yes ___No				
	School/College	Years Attended	Minor/Major Courses of Study	Diploma, Certificates, Degree
High School				
College				
College				
Other				

LICENSES AND CERTIFICATIONS			
List Licenses and Certifications	Issued By	State	Expires

SPECIAL SKILLS			
Typing Speed:	Words per minute (net).	Ten Key Speed:	Short Hand Speed: Words per minute (net).
Summarize other skills:			

GENERAL QUESTIONS
Weber Fire District requires all new employees to take a drug test prior to reporting to work. Are you willing to be drug tested? <input type="checkbox"/> Yes <input type="checkbox"/> No Weber Fire District is a Drug-Free Workplace and conducts random drug tests during term of employment.
Have you ever been convicted of violating any law other than minor traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain fully on another sheet of paper. A conviction will only be considered as it relates to the job being sought.
According to the job applied for, you may be required to submit to tests of knowledge, skill, job related physical agility, medical physicals and lab work. Are you willing to perform such tests to determine employability? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you related to anyone presently employed by Weber Fire District? <input type="checkbox"/> Yes <input type="checkbox"/> No Who?

EMPLOYMENT HISTORY			
From:	To:	Employer:	Job Title:
Full Time – Years:	Months:	Address:	Duties:
Part Time – Years:	Months:	City: State:	Supervisor:
Starting: \$	Ending: \$	Phone:	May we contact this employer? ___Yes ___No
Reason for Leaving:			

From: _____ To: _____	Employer: _____	Job Title: _____
Full Time –Years: _____ Months: _____	Address: _____	Duties: _____
Part Time – Years: _____ Months: _____	City: _____ State: _____	Supervisor: _____
Starting: \$ _____ Ending: \$ _____	Phone: _____	May we contact this employer? __ Yes __ No
Reason for Leaving: _____		

From: _____ To: _____	Employer: _____	Job Title: _____
Full Time –Years: _____ Months: _____	Address: _____	Duties: _____
Part Time – Years: _____ Months: _____	City: _____ State: _____	Supervisor: _____
Starting: \$ _____ Ending: \$ _____	Phone: _____	May we contact this employer? __ Yes __ No
Reason for Leaving: _____		

From: _____ To: _____	Employer: _____	Job Title: _____
Full Time –Years: _____ Months: _____	Address: _____	Duties: _____
Part Time – Years: _____ Months: _____	City: _____ State: _____	Supervisor: _____
Starting: \$ _____ Ending: \$ _____	Phone: _____	May we contact this employer? __ Yes __ No
Reason for Leaving: _____		

<b>REFERENCES (Do not use relatives)</b>			
Name	Address	Phone	Years Known

Have you ever been known by any other name(s) that we might need to check your work references?  Yes  No

Please List: \_\_\_\_\_

I hereby authorize the Weber Fire District or its agent to make such investigations and inquiries of my personal, employment, or financial and other related matters as may be necessary in arriving at an employment decision concerning my application for employment. I release Weber Fire District of any liability for the use of this information in considering and reviewing my application for employment.

I hereby certify that all statements made in this application are true, and I understand and agree that any false statement of material fact herein may cause forfeiture of all my rights to employment. I hereby authorize any previous or current employer to give and release to the Weber Fire District or its agency any and all information in either written or verbal form which relates to my ability to perform the duties of the position for which I am applying. I release any previous or current employer from any liability for the use of any or all information given to the Weber Fire District or its agency in considering my application and reviewing my application for the position applied for. I understand that I am required to abide by all rules, regulations and operating guidelines of Weber Fire District.

Any individual who is hired as a part-time Employee is deemed to be employed “at will” and has no written or implied contract, and may voluntarily leave employment upon proper notice, and may be terminated by the District at any time, with or without notice. I understand that any oral or written statements to the contrary are hereby disavowed and should not be relied upon by any prospective or existing part-time employee.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Qualified applications receive equal consideration. No questions are asked for the purpose of excluding any applicant due to race, creed, color, national origin, religion, age, or gender, etc., as prohibited by law or regulation.

<b>OFFICIAL WEBER FIRE DISTRICT USE ONLY - DO NOT WRITE BELOW</b>								
Firefighter	Score	%	Clerical / Financial	Score	Rating	Clerical / Financial	Score	Rating
Written Test			Spreadsheet			Journalizing and Posting		
P.A.T Test			Accuracy					
Interview			Banking Procedure			<b>All New Employees</b>	Pass	Fail
Respiratory Fire & Labs			Interpreting Invoices			Drug Test		
Pre-Employment Medical			Accounting Principles			Background Check		