



- SHOW COMPLETE WORK EXPERIENCE. Include military and volunteer experience. DO NOT attach a resume in lieu of completing the following employment record.
- The amount of experience, and the way you describe it as it related to the position for which you are applying, is important.
- Start with your present or most recent position. If more space is required, fill out a blank sheet of paper or Employment Application Addendum.

Use the "Previous Employer" sections below to provide your complete employment record.

PRESENT/Most Recent Employer \_\_\_\_\_

Address:: \_\_\_\_\_  
 STREET ADDRESS/APT. # CITY STATE ZIP CODE

Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Major Duties: \_\_\_\_\_

Employment Dates / TO / Hours/Week Salary \_\_\_\_\_

Reason(s) for Leaving: \_\_\_\_\_

Previous Employer \_\_\_\_\_

Address:: \_\_\_\_\_  
 STREET ADDRESS/APT. # CITY STATE ZIP CODE

Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Major Duties: \_\_\_\_\_

Employment Dates / TO / Hours/Week Salary \_\_\_\_\_

Reason(s) for Leaving: \_\_\_\_\_

Previous Employer \_\_\_\_\_

Address:: \_\_\_\_\_  
 STREET ADDRESS/APT. # CITY STATE ZIP CODE

Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Major Duties: \_\_\_\_\_

Employment Dates / TO / Hours/Week Salary \_\_\_\_\_

Reason(s) for Leaving: \_\_\_\_\_

Previous Employer \_\_\_\_\_

Address:: \_\_\_\_\_  
 STREET ADDRESS/APT. # CITY STATE ZIP CODE

Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Major Duties: \_\_\_\_\_

Employment Dates / TO / Hours/Week Salary \_\_\_\_\_

Reason(s) for Leaving: \_\_\_\_\_

May we contact your present employer/supervisor?  YES  NO

**CERTIFICATION OF APPLICANT: (READ YOUR ANSWERS CAREFULLY BEFORE SIGNING BELOW)**

I hereby certify that all answers to the questions on this application are true, and I understand and agree that any misstatement or omission of material facts contained in this application and materials attached may disqualify me or be cause for dismissal from employment with the Sun City Fire Department. I also understand that it is my responsibility to keep the Fire District/Department advised of any change of address, and once submitted, this form and all materials attached, becomes the property of Sun City Fire Department.

SIGNATURE \_\_\_\_\_ / / DATE \_\_\_\_\_