North Lincoln Fire & Rescue



Application – CAPTAIN

This application will be co		job applied for. If qualified, ecruitments. Please print or t	this application will be kept or ype.			
Position applying for:		Today s Date:				
First Name	Middle Name	Last Name	(Maiden Name)			
Street Address		Mailing Address, if different				
City	State	Zi	ip Code			
Home Phone	Cell Phone	Email address				
Are you over 18 years of age	? Do yo	ou meet the minimum job requi	rements?			
Are you requesting Veteran's	Preference?	_				
If you are requesting Veteran	's Preference, attach a copy of	your DD214 / DD215 and / or	Veteran's Administration Letter			
Stating your disability to you	r profile, as well as checking th	e box identifying yourself as a V	Veteran. You must request			
Veteran's Preference AND in	clude a copy of your documente	ation.				
Water and Davidson	and documentation must be sub-	mitted no later than the closing	date of this recruitment			

list a	ase list any experience that you feel helps qualify you to be an employee with North Lincoln Fire & Rescue. Be sure to any other public safety agencies you have worked for or volunteered with. List any relevant training, Human Resource omputer skills.	
Plea	ase list all active certifications/licenses that may be of relevance:	
	re you ever worked or volunteered for the fire district before?	
-	es, dates:ition(s) held:	_
How	w did you become aware of this job opening?	
	vious Work Experience (within the past 10 years) - Please list the most recent employment first. If more room is needed past employment, please use a separate page.	ed .
1.	Company Name Phone	
	Address	
	Immediate Supervisor	
	Dates Worked	
	Position Held	
	Job Responsibilities	
	Reason for Leaving	
	May we contact this employer?	

2.	Company Name	Phone	_
	Address		
	Immediate Supervisor		_
	Dates Worked		
	Position Held		
	Job Responsibilities		
	Reason for Leaving		
	May we contact this employer?		
3.	Company Name	Phone	
	Address		
	Immediate Supervisor		
	Dates Worked		
	Position Held		
	Job Responsibilities		
	Reason for Leaving		
	May we contact this employer?		

Please use additional sheets if necessary.

Name	Occupation	Address	ger than one year.	Phone
EDUCATION: High School o	r G.E.D.: Colle	ge/University:	Degree(s):	
Please describe any other educa applying.				
A job description detailing the Are there any functions or dutie		-		
AFFIDAVIT: I certify that the fire district shall not be libecause of false, incomplete, companies, schools or person character, and qualifications for issuing this information. I other institution that has or a knowledge or information the in the granting of an interview benefit. No promises regarding uarantee is binding upon fire	able in any respect if enor misleading informats named above to releas. I hereby release said of expressly waive all propagation of the expression of the ex	mployment is denied ion in my application se to the fire district companies, schools, or ovisions of law prohils furnish me with treaderstand that nothing tween either fire dist	to me or if my emp or interviews. I alsall information reg r persons from all l biting any physician atment from discloses g contained in this or rict and myself for	loyment is terminated so authorize the arding my employment, iability for any damage n, person, hospital, or sing to the fire district any employment application or employment or any other
By my signature below, I certif knowledge. I understand that sl rejected, my name removed fro	nould an investigation di	sclose untruthful or m	isleading answers, n	•
I acknowledge that my appoint District and I understand that I				
In consideration of any employ application and the information			ations of the Distric	t. I certify I have read <u>all</u> this
Signature:			Date:	
Additional information to this a	application, such as resu	mes, or copies of certif	fications may be sub	omitted. Any materials

submitted will <u>not</u> be returned to the applicant. Incomplete or late applications will not be considered.