City of Pea Ridge Fire Department

293 S Curtis Ave, Pea Ridge, AR 72751
Ph (479)451-1111 · Fax (479)668-2630 · fire.shared@cityofpearidgear.gov

(Please Print) Date: / /

We appreciate your interest in our organization. Please complete this application and include any qualifications and experience you may have that makes you the right candidate for this job.

Position applying for: (Please circle all that apply) PRN / Part-Time / Volunteer / Full-Time

Name:_____
Last First Middle

Date of Birth:_____

Social Security Number: _____

Drivers License No: _____

Telephone Number: (___)_____

State:_____

Current Adress: _____
Number Street

Email:_____

_____
City State Zip

EMS License: EMR EMT-B EMT-P NEEDING CERTS

State EMS License # _____

Were you previously employed by the City? ☐ Yes ☐ No If yes, when? _____ Department?_____

Are there any other experiences, skills, or qualifications which you feel would especially fit you for work with our organization: _____

RECORD OF EDUCATION

School Date	Name & Address of Facility	Course of study of major	Last year completed	Did you Graduate	List Diploma, Degree or Certification
High School					
College					
Other					

MILITARY SERVICE RECORD

Were you in the U.S. Armed Forces: _____ If yes, what Branch_____

Dates of Duty: From_____ to _____ Type of discharge:_____
Month Day Year Month Day Year

List duties in the service including special training: _____

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PERSONAL HISTORY

How long have you lived at present address:_____
Month Date Year

Previous Address: _____
No. Street City State Zip

How long did you live there: _____

Can you provide proof of US citizenship within three days of employment: _____
Have you been arrested in the past ten years? ☐Yes ☐No If yes, describe in full: _____
_____
_____

Are you willing to take a physical examination at your expense if you are conditionally accepted for the position for which you have applied? ☐Yes ☐No

*Note: A successful applicant will be required to provide the Pea Ridge Fire Department with a complete medical history upon employment using the form required by the state.

List any friends or relatives working for the Pea Ridge Fire Department: _____

WORK HISTORY

Name & Address of Company & Business Type	From Mo Yr	To Mo Yr	Describe the work you did	Hourly Starting Salary	Hourly Last Salary	Reason for leaving	Name of Supervisor
Telephone							

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PERSONAL REFERENCES (NOT former employers or relatives)		
Name and Occupation	Address	Phone Number