

Newcastle Fire Department Employment Application

Date:				
Personal Information				
Name: Last:	First:		M	iddle:
Street Address:	City:		State:	Zip:
Home Phone:	Business Phone:		Cell Phone	:
Are you between the ages of Yes \Box No \Box	18 & 45? Are you willing to w		7 24 Hour Shif Part-Time ☐	îts□ Weekends □
Do you have a valid Oklahor	ma Drivers License? Yes 🗆 No	☐ Drivers Lice	ense Number:	
Has your license ever been s	uspended or revoked? Yes 🗆 No	o □ Date of Re-	-instatement:	
Have you ever been cited for Yes □ No □	•	ou ever been con eanor? Yes □ No	victed of a crin	ne, felony or
Are you a United States Citiz	0	ally authorized to Social Security		nited States?
Have you ever applied for en	uployment with the Newcastle Fi	re Department be	efore? Yes 🗆 1	Vo []
Have you previously been em	ployed by the Newcastle Fire D	epartment? Yes	☑ No ☑	
Do you have any relatives the The City of Newcastle Person	at work for the Newcastle Fire L nnel Manual section 706, prohi	epartment? Yes L	□No □ of relatives.	
When could you start employ				
Employment History (Lis	t below last three employers, beş	ginning with the n	nost recent)	
Employer:	Position/Title:	From Mo/Yr:		Mo/Yr:
Street Address:	City:	State:	Zip	:
Duties:	Reason	for Leaving:		
Starting Annual Salary:	Final Annual Salary:	Supervis	or Name:	
Title of Supervisor:	Contact Number		May we consupervisor?	

Employer:	Position/Title:	From Mo/Yr:	To Mo/Yr:
Street Address:	City:	State:	Zip:
Duties:	Reasonj	for Leaving:	z.p.
Starting Annual Salary:	Final Annual Salary:	Supervis	or Name:
Title of Supervisor:	Contact Number		May we contact your supervisor? Yes ☐ No ☐
Employer:	Position/Title:	From Mo/Yr:	To Mo/Yr:
Street Address:	City:	State:	Zip:
Duties:	Reasonf	or Leaving:	
Starting Annual Salary:	Final Annual Salary:	Superviso	or Name:
Title of Supervisor:	Contact Number		May we contact your supervisor? Yes ☐ No ☐

Education

High School or GED	Address	City	State	Deg	ree	
College	Address	City	State	Degree	Major	<i>GPA</i>
College	Address	City	State	Degree	Major	GPA
Graduate School	Address	City	State	Degree	Major	GPA

Training

Please list all Training Courses, Certificates, Licenses that you have as well as completion dates, pertaining to the position you are applying for.

Name:	Address:	City:	State:	Zip:	Phone:
Name:	Address:	City:	State:	Zip:	Phone:
Name:	Address:	City:	State:	Zip:	Phone:
	my employment, I agree to rstand that in accepting thi employment, and that I am i				
certify that the fact nat any falsified sta mployment process erminated.	is contained in this application tements on this application will result in my application at any offer of employment	tion are true and con or omission of fact on being rejected, or	mplete to the b on either this c , if I am hired, e completion c	est of my l application in my em	nowledge. I underst n or during the pre- ployment being
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certify that the fact that any falsified state mployment process erminated. also understand the ocumentation. Date: ate Received:	is contained in this applicant tements on this application will result in my application at any offer of employment	tion are true and color or omission of fact on being rejected, or is conditioned on the Signature	mplete to the bon either this et, if I am hired, e completion of:	est of my l application in my em	nowledge. I underst n or during the pre- ployment being

Hire Date: