



Elk City Fire & EMS Department

303 W Fifth
Elk City, Oklahoma 73644
Ph: 580-225-0500 · Fax: 580-225-3552



EMPLOYMENT APPLICATION

PERSONAL INFORMATION

FULL NAME: _____ DATE: _____
FIRST MIDDLE LAST

ADDRESS: _____
STREET ADDRESS APT/SUITE

CITY STATE ZIP CODE

E-MAIL: _____ PHONE: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____ DATE AVAILABLE: _____

DRIVER'S LICENSE: _____ STATE: _____ **PLEASE ATTACH A COPY**

POSITION APPLIED FOR: _____

EMPLOYMENT DESIRED: CAREER FIREFIGHTER VOLUNTEER FIREFIGHTER FULL-TIME EMS PART-TIME EMS

EMPLOYMENT ELIGIBILITY

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S.? YES NO

HAVE YOU EVER WORKED FOR THE CITY OF ELK CITY? YES* NO

*IF YES, WRITE THE START AND END DATES: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES* NO

*IF YES, PLEASE EXPLAIN: _____

EDUCATION

HIGH SCHOOL: _____ CITY/STATE: _____

FROM: _____ TO: _____ DIPLOMA: YES NO

COLLEGE: _____ CITY/STATE: _____

FROM: _____ TO: _____ GRADUATE? YES NO DEGREE: _____

OTHER: _____ CITY/STATE: _____

FROM: _____ TO: _____ DEGREE/CERT: _____

OTHER CERT: _____



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PREVIOUS EMPLOYMENT

EMPLOYER 1: _____
COMPANY/INDIVIDUAL

EMAIL: _____ PHONE: _____

ADDRESS: _____
STREET ADDRESS APT/SUITE

CITY STATE ZIP CODE

STARTING PAY: \$ _____ HOUR SALARY ENDING PAY: \$ _____ HOUR SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

FROM: _____ TO: _____ REASON FOR LEAVING: _____

EMPLOYER 2: _____
COMPANY/INDIVIDUAL

EMAIL: _____ PHONE: _____

ADDRESS: _____
STREET ADDRESS APT/SUITE

CITY STATE ZIP CODE

STARTING PAY: \$ _____ HOUR SALARY ENDING PAY: \$ _____ HOUR SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

FROM: _____ TO: _____ REASON FOR LEAVING: _____

EMPLOYER 3: _____
COMPANY/INDIVIDUAL

EMAIL: _____ PHONE: _____

ADDRESS: _____
STREET ADDRESS APT/SUITE

CITY STATE ZIP CODE

STARTING PAY: \$ _____ HOUR SALARY ENDING PAY: \$ _____ HOUR SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

FROM: _____ TO: _____ REASON FOR LEAVING: _____



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REFERENCES -PROFESSIONAL ONLY

FULL NAME: _____ RELATIONSHIP: _____
FIRST LAST

COMPANY: _____ TITLE: _____

E-MAIL: _____ PHONE: _____

FULL NAME: _____ RELATIONSHIP: _____
FIRST LAST

COMPANY: _____ TITLE: _____

E-MAIL: _____ PHONE: _____

FULL NAME: _____ RELATIONSHIP: _____
FIRST LAST

COMPANY: _____ TITLE: _____

E-MAIL: _____ PHONE: _____

MILITARY SERVICE

ARE YOU A VETERAN? YES NO

BRANCH: _____ RANK AT DISCHARGE: _____

FROM: _____ TO: _____ TYPE OF DISCHARGE: _____

IF NOT HONORABLE, PLEASE EXPLAIN: _____



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CREREDENTIALS

FOR FIREFIGHTER APPLICANTS: Preferred but not required.

- FIREFIGHTER I
 - FIREFIGHTER II
 - HAZMAT AWARENESS
 - HAZMAT OPS
 - OTHER CERTIFICATIONS: PLEASE LIST OR ATTACH TRANSCRIPT
-

FOR ALL APPLICANTS: Preferred but not required.

- EMR
 - EMT
 - AEMT
 - PARAMEDIC
 - BLS PROVIDER
 - ACLS
 - PALS
 - OTHER CERTIFICATIONS: PLEASE LIST OR ATTACH TRANSCRIPT
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Please return completed applications to the Elk City Fire Department or email to ecfdapps@elkcity.com.

DISCLAIMER

Elk City Fire Department is committed to providing equal employment opportunities to all qualified individuals without regard to race, color, religion, national origin, sex, age, disability, or any other characteristic protected by law.

SIGNATURE: _____ DATE: _____

PRINT NAME: _____