



City of Pea Ridge Fire Department

293 S Curtis Ave, Pea Ridge, AR 72751

Ph (479)451-1111 · Fax (479)451-1105 · 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 one) Part-Time / Full-Time

Name: _____
Last First Middle

Date of Birth: _____

Social Security No: _____

Drivers License No: _____

Telephone No: (____) _____

State: _____

Current Address: _____
No. Street

Telephone No: (____) _____

Email: _____

City State Zip

EMS: EMR EMT-B EMT-A EMT-P

State EMS License # _____

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

What department? _____

If your application is considered favorably, on what date will you be available for work? _____

Month Day Year

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

RECORD OF EDUCATION

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

MILITARY SERVICE RECORD

Were you in U.S. Armed Forces: _____ If yes, What Branch _____

Date 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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How long have you lived at present address: _____

Month	Date	Year
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Previous Address:

No.	Street	City	State	Zip
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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:_____

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

Office use only

Termination date: _____

Reason For Termination
