



UNIFIED FIRE AUTHORITY

INTERNSHIP APPLICATION

USE TYPEWRITER OR PRINT CLEARLY IN INK
A SEPARATE APPLICATION IS REQUIRED FOR EACH POSITION

TITLE OF POSITION APPLIED FOR: _____

NAME: _____ GRADE LEVEL 10 — 11 — 12
LAST NAME FIRST NAME

PHONE: (_____) _____ High School: _____
AREA CODE DAY PHONE EVENING PHONE

ADDRESS: _____
STREET ADDRESS APT # CITY STATE ZIP CODE

CURRENT GPA: _____

IN SENTENCE FORM, BRIEFLY EXPLAIN IN THE BOXES GIVEN BELOW

1. WHY ARE YOU INTERESTED IN BECOMING AN INTERN WITH UNIFIED FIRE AUTHORITY

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2. WHAT ARE YOUR GOALS AFTER HIGH SCHOOL

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3. ARE YOU INVOLVED IN ANY EXTRA CURRICULAR ACTIVITIES INSIDE/OUTSIDE OF SCHOOL

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4. WHAT DO YOU EXPECT TO GAIN FROM AN INTERNSHIP WITH UNIFIED FIRE AUTHORITY

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5. WHY WOULD YOU PICK YOURSELF TO BE AN INTERN WITH UNIFIED FIRE AUTHORITY

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DO YOU HAVE A RELIABLE FORM OF TRANSPORTATION? Y/N

HAVE YOU COMPLETED OR ARE YOU CURRENTLY ENROLLED IN A STATE OF UTAH EMT COURSE? Y/N

EMPLOYMENT HISTORY

COMPANY:	COMPANY:	COMPANY:
JOB TITLE:	JOB TITLE:	JOB TITLE:
SUPERVISOR:	SUPERVISOR:	SUPERVISOR:
FROM: TO:	FROM: TO:	FROM: TO:
PHONE NUMBER:	PHONE NUMBER:	PHONE NUMBER:

REFERENCES

NAME:	PHONE NUMBER:

By making this application, I hereby authorize any previous employers to give and release to the Unified Fire Authority any and all information of whatever kind in either written or verbal form which relates to my ability to perform the duties of the position for which I am applying. Any or all previous employers may be contacted. I release Unified Fire Authority of any liability for the use of this information in considering and reviewing my application for the available position.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE, AND THAT ANY MISSTATEMENT OR OMISSION OF MATERIAL FACTS MAY SUBJECT ME TO DISQUALIFICATION OR DISMISSAL.

SIGNATURE

DATE