



**PLEASE READ CAREFULLY AND PRINT CLEARLY
ALL STATEMENTS ARE SUBJECT TO VERIFICATION**

NAME: _____
 LAST **FIRST** **MIDDLE**

SSN#: _____ **DATE OF BIRTH:** _____ **CELL PHONE #:** _____

HOME ADDRESS: _____ **HOME PHONE #:** _____

WORK ADDRESS: _____ **WORK PHONE #:** _____

EMAIL ADDRESS: _____

DO YOU POSSESS A VALID CALIFORNIA DRIVER'S LICENSE? YES NO **LICENSE #:** _____

CLASS: A B C

MARITAL STATUS: SINGLE MARRIED DIVORCED

HAVE YOU EVER BEEN CONVICTED OF A FELONY? IF YES, EXPLAIN (CONVICTION WILL NOT NECESSARILY DISQUALIFY APPLICANT):

**DO YOU HAVE ANY PHYSICAL CONDITION THAT MAY LIMIT YOUR ABILITY TO PERFORM AS A FIREFIGHTER?
IF YES, EXPLAIN:**



ARE YOU FLUENT IN ANY OTHER LANGUAGES IN ADDITION TO ENGLISH? IF YES, PLEASE SPECIFY YOUR SKILLS:

LANGUAGE(S): _____ UNDERSTAND SPEAK READ WRITE
 _____ UNDERSTAND SPEAK READ WRITE
 _____ UNDERSTAND SPEAK READ WRITE

EDUCATION

HIGHEST GRADE COMPLETE: 1 2 3 4 5 6 7 8 9 10 11 12 **COLLEGE:** 1 2 3 4 **POST GRADUATE WORK** ___ YRS

NAME/ADDRESS OF COLLEGE, UNIVERSITY, VOCATIONAL SCHOOL OR INSTITUTE	MAJOR COURSE OF STUDY	ATTENDED DATES FROM/TO	NAME OF DEGREE/ CERTIFICATE	UNITS COMPLETED

**TITLE, NUMBER OF CERTIFICATE, LICENSE OR OTHER CREDENTIAL
(EMT, PARAMEDIC, COMPANY CERTS, ETC.)**

TITLE	NUMBER	ISSUED BY	EXPIRATION DATE

*****PLEASE PROVIDE COPIES ATTACHED TO YOUR APPLICATION*****



EMPLOYMENT HISTORY

START WITH YOUR PRESENT OR LAST JOB. INCLUDE ANY JOB-RELATED MILITARY SERVICE ASSIGNMENTS AND VOLUNTEER ACTIVITIES.

1. EMPLOYER: _____

ADDRESS: _____ **TELEPHONE:** _____

JOB TITLE: _____ **SUPERVISOR:** _____

WORK PERFORMED: _____

DATES EMPLOYED: **FROM:** _____ **TO:** _____

REASON FOR LEAVING: _____

2. EMPLOYER: _____

ADDRESS: _____ **TELEPHONE:** _____

JOB TITLE: _____ **SUPERVISOR:** _____

WORK PERFORMED: _____

DATES EMPLOYED: **FROM:** _____ **TO:** _____

REASON FOR LEAVING: _____

3. EMPLOYER: _____

ADDRESS: _____ **TELEPHONE:** _____

JOB TITLE: _____ **SUPERVISOR:** _____

WORK PERFORMED: _____

DATES EMPLOYED: **FROM:** _____ **TO:** _____

REASON FOR LEAVING: _____



4. EMPLOYER: _____

ADDRESS: _____ TELEPHONE: _____

JOB TITLE: _____ SUPERVISOR: _____

WORK PERFORMED: _____

DATES EMPLOYED: FROM: _____ TO: _____

REASON FOR LEAVING: _____

**NAMES OF PERSONS WILLING TO PROVIDE PROFESSIONAL AND/OR CHARACTER REFERENCES
FOR YOU:**

NAME: _____

ADDRESS: _____

PHONE: _____

NAME: _____

ADDRESS: _____

PHONE: _____

NAME: _____

ADDRESS: _____

PHONE: _____



VERY BRIEFLY EXPLAIN HOW YOU HEARD ABOUT THIS POSITION AND WHY YOU ARE APPLYING:

AGREEMENT:

I _____, UNDERSTAND THAT ANY MISREPRESENTATION OR DELIBERATE OMISSION IN MY APPLICATION MAY BE JUSTIFICATION FOR TERMINATION OR REFUSAL OF THIS APPLICATION. I AGREE TO UNDERGO A PHYSICAL AGILITY TEST AND MEDICAL EXAMINATION IF AN OFFER TO JOIN IS MADE AND UNDERSTAND THAT ACCEPTANCE IS CONTINGENT UPON MEETING THE AGENCY'S REQUIREMENTS FOR THIS TEST. I AGREE TO AN INTERVIEW WITH REPRESENTATIVES OF THE FIRE DISTRICT AND UNDERSTAND THAT ACCEPTANCE IS CONTINGENT ON CONFIRMATION BY THE INTERVIEW PANEL. I AUTHORIZE EMPLOYERS, SCHOOLS, OR PERSONS NAMED IN THIS APPLICATION TO GIVE ANY INFORMATION REGARDING MY QUALIFICATIONS AND CHARACTER. I HEREBY RELEASE SAID EMPLOYERS, SCHOOLS, PERSONS AND THE FELTON FIRE PROTECTION DISTRICT FROM ANY LIABILITY FOR DAMAGES FOR RECEIVING OR RELEASING INFORMATION. I FURTHER AGREE TO PROVIDE PROOF OF CITIZENSHIP OR RIGHT TO WORK. IF AN OFFER TO JOIN IS GIVEN, I WILL PROVIDE ANY INFORMATION AT THAT TIME REGARDING ANY CRIMINAL HISTORY I HAVE AND WILL GIVE PERMISSION TO THE FIRE DISTRICT TO RUN A DEPARTMENT OF JUSTICE CRIMINAL HISTORY REPORT.

SIGNATURE

DATE SIGNED

THIS SECTION IS FOR F.F.P.D. USE ONLY

ACCEPTED: _____ DATE: _____ AUTHORIZED BY: _____	NOT ACCEPTED: _____ ___ EXPERIENCE ___ LATE ___ EDUCATION ___ INC. APP ___ OTHER	COMMENTS:
--	---	------------------