



CENTRAL FIRE PROTECTION DISTRICT EMPLOYMENT APPLICATION FORM

PERSONAL INFORMATION

NAME		HOME PHONE NO ()	
IF YOU HAVE YOU EVER WORKED UNDER ANOTHER NAME, WHAT NAME?		CELL PHONE NO. ()	
HAVE YOU EVER BEEN A MEMBER OF THE CALPERS SYSTEM OR ANY OTHER RETIREMENT SYSTEM? YES <input type="checkbox"/> NO <input type="checkbox"/>		IF YES, THEN WHAT IS THE NAME OF THE RETIREMENT SYSTEM? WHAT IS YOUR CURRENT STATUS?	
PRESENT ADDRESS	CITY	STATE	ZIP
PERMANENT ADDRESS	CITY	STATE	ZIP
EMAIL ADDRESS:			
ARE YOU RELATED TO ANY DISTRICT EMPLOYEE YES <input type="checkbox"/> NO <input type="checkbox"/>		CA DRIVER LICENSE NO: YEAR EXPIRES	
NAME OF RELATIVE		CLASS: RESTRICTIONS:	
RELATIONSHIP DEPT.			

EMPLOYMENT DESIRED

POSITION APPLING FOR:	
ARE YOU CURRENTLY EMPLOYED? YES <input type="checkbox"/> NO <input type="checkbox"/>	EVER APPLIED TO THIS DISTRICT BEFORE? YES <input type="checkbox"/> NO <input type="checkbox"/> WHEN?

EDUCATION HISTORY

NAME & ADDRESS OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SHCOOL			

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK
OR SPECIAL TRAINING/SKILLS
LIST ANY PROFESSIONAL LICENSE, CERTIFICATE, OR CREDENTIAL: TYPE/ISSUE DATE/ EXPIRATION DATE
U.S. MILITARY? YES <input type="checkbox"/> NO <input type="checkbox"/>

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO

IF "NO" EXPLAIN

BEGIN WITH YOUR MOST RECENT JOB – LIST EACH JOB SEPERATELY. List all jobs regardless of duration, including part-time jobs, military service and any periods of unemployment during the last ten years. Also, list volunteer experience and jobs held more than ten years ago which relate to the job for which you are applying. If you have no work experience, indicate NONE. Please Note: Incomplete information will delay the processing of you application.

MONTH AND YEAR	NAME & PHONE NUMBER OF EMPLOYER	SALARY AND JOB DUTIES	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	PHONE NUMBER WITH AREA CODE	BUSINESS OR PERSONAL ADDRESS	YEARS KNOWN

<p>HAVE YOU EVER BEEN FIRED OR FORCED TO RESIGN FROM A POSITION? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If YES PLEASE EXPLAIN</p>	<p>THE DISTRICT WILL NOT DENY EMPLOYMENT TO ANY APPLICANT SOLELY BECAUSE THE PERSON HAS BEEN CONVICTED OF A CRIME. THE DISTRICT, HOWEVER, MAY CONSIDER THE NATURE, DATE AND CIRCUMSTANCES OF THE OFFENSE AS WELL AS WHETHER THE OFFENSE IS RELEVANT TO THE DUTIES OF THE POSITION.</p>
<p>CAN YOU, AFTER EMPLOYMENT, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? YES <input type="checkbox"/> NO <input type="checkbox"/></p>	<p>YOU WILL BE REQUIRED TO SUBMIT VERIFICATION OF THE LEGAL RIGHT TO WORK IN THE UNITED STATES WITHIN THREE (3) BUSINESS DAYS BEGINNING WITH YOUR FIRST DAY OF WORK. IN ACCORDANCE WITH THE IMMIGRATION REFORM AND CONTROL ACT OF 1986, WE ARE LEGALLY PROHIBITED FROM EMPLOYING ANYONE WHO CANNOT PROVIDE SUCH VERIFICATION.</p>

AUTHORIZATION

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that false, misleading, or incomplete information shall be sufficient cause for disqualification or dismissal and other penalties as may be prescribed by law”.

I also understand and agree that no representative of the District has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized District representative.

Date _____

Signature _____

Please submit any additional comments on a separate sheet and attach it to this application.

Central Fire Protection District is an Equal Opportunity Employer