

EMPLOYMENT APPLICATION

Gold Ridge Fire Protection District
4500 Hessel Rd., Sebastopol Ca. 95472-6267
(707)823-1084 – Fax (707)829-1175
www.goldridgefire.org

Date of Application _____ *Please Print or Type*

Position Applying for: **Volunteer / Intern Firefighter Program / Explorer**

Referred By: Advertisement Friend/Relative Internet Search Walk-in Job Fair Other _____

Name _____
Last First Middle Initial

Mailing Address

_____ City, State Zip Code

Do you have an Email Address? _____ @ _____

Telephone (_____) _____ home (_____) _____ work
Which number is best to call? home ___ work ___ Time _____

Date of Birth: ____/____/____ Social Security Number ____/____/____

California drivers license number : _____ Class: _____

Physical Description

Height: _____ Weight: _____ Eyes: _____ Hair: _____

Medical History

Have you ever failed an insurance physical? yes no

Have you missed work/school in the past six months due to illness or injury? yes no

Physical limitations or any chronic illness: _____

Have you been vaccinated for Hepatitis B? yes no If yes, where did you receive the vaccination and the date: _____

EDUCATION

Circle highest attained: Elementary High School College/University Degree: _____

School Name _____ City/State _____

Did you graduate? _____

Specialized Training or Skills _____

Employment History (include volunteer work)

Are you employed now? yes no May we contact your present employer? yes no

Have you been convicted of a crime (excluding traffic violations) within the past 7 years? (Conviction of a crime does not automatically bar your chances of employment) yes no

If yes, please explain

Are you fluent in other languages? yes no If yes, which ones?

Please list any other skills, licenses or certificates that are job related _____

EMPLOYMENT/ VOLUNTEER EXPERIENCE *(Do not mark the application "See Resume")*

Start with your present job first

Employer	Dates Employed –From	To	Work Performed – Duties
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Address	Job Title	Supervisor
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Reason for Leaving

Employer	Dates Employed –From	To	Work Performed – Duties
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Address	Job Title	Supervisor
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Reason for Leaving

Employer	Dates Employed –From	To	Work Performed – Duties
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Address	Job Title	Supervisor
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Reason for Leaving

Employer _____ Dates Employed –From To _____ Work Performed – Duties _____

Address _____ Job Title _____ Supervisor _____

Reason for Leaving _____

REFERENCES

Give name address, and telephone number of three people that we may contact, who you have known at least one year.

1.) Name: _____ Address: _____

Phone: Home (____)____ - _____ Bus: (____)____ - _____

2.) Name: _____ Address: _____

Phone: Home (____)____ - _____ Bus: (____)____ - _____

3.) Name: _____ Address: _____

Phone: Home (____)____ - _____ Bus: (____)____ - _____

AGREEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that misrepresentation or omission of facts called for is cause for dismissal. I understand that this application is not and is not intended to be a contract of employment. In the event of employment, I understand, also, that I am required to abide by all rules and regulations of the Gold Ridge Fire Protection District. I understand that if my application is approved, I will be required to take a physical skills performance test as part of the eligibility requirement.

Signature of Applicant

Date

EXPLORER APPLICANTS

Signature of Legal guardian: _____ Date: _____

Emergency contact ;

Name: _____ Phone: _____

Address: _____

DEPARTMENT USE ONLY

Personnel Officer: _____ Date: _____

Fire Chief: _____ Date: _____

Date of Acceptance: _____

