PLEASE PRINT OR TYPE

APP	LICANT'S NAME (Last)	(First)			(M.I.)						
MAII	LING ADDRESS (Number)	(Street)				HOME TELEPHONE NUMBER					
(City) (County)			(State) (Zip Code)				CELL TELEPHONE NUMBER				
JOE	JOB TITLE(S) FOR WHICH YOU ARE APPLYING										
ANS	WER THE FOLLOWING QUESTIO	NS:									
1.	Are you a Citizen of the United States of America? (Proof of employment eligibility required)							NO			
2.	Have you ever filed an application with us or been employed with us before?						NO				
3.	Have you ever: (If "YES", give details below in Section 10)										
	a. Been dismissed or fired from	a position fo	r any reason	?					YES		NO
	b. Resigned from or quit a posit	ion while und	der investigat	ion or afte	er being infor	med					
	discipline would be taken aga	ainst you, or	during an app	ceal from	a disciplinary	action?			YES		NO
	c. Been rejected or told you wou	ld not receive	e permanent	or continu	ued employm	ent during	any type of				
	probationary or trial period or	the job?							YES		NO
4.	In addition to English, list any oth	-	s you speak,	read, or v	vrite fluently:						
5.											
6.	Do you possess a valid California		nse? (If "Yes	s", fill in th	e information	1					
	below.)								YES		NO
	License #	Class:			Restriction	s:					
7.	Are you currently employed?								YES		NO
8.	May we contact your present em	ployer?							YES		NO
9.	Have you attended a Fire Acade	my?							YES		NO
	When:	Where:									
10.	Do you possess a CA State EMT or Paramedic License? NO EMT Paramedic License #										
11. DETAILS OR EXPLANATIONS											
11.	1. REFERENCES: Please list three references excluding relatives or former employers										
	Name				Address		,			Phone	
CERTIFICATION - PLEASE READ BEFORE SIGNING - If not signed, this application may be rejected.											
I certify under penalty of perjury that the information I have entered on this application is true and complete to the best of my knowledge. I further understand that any false, incomplete, or incorrect statements may result in my disqualification from the examination process or dismissal from employment with the Arrowbear Lake Fire Department. I authorize the employers and educational institutions identified on this application to release any information they may have concerning my employment or education to the Arrowbear Lake Fire Department. APPLICANT'S SIGNATURE DATE SIGNED											

We consider applicants for all positions without regard to race, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition, handicap or any other legally protected status. Please contact the District if any special accommodations are needed.

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12. EDUCATION								
DID YOU GRADUATE FROM HIGH SCHOOL? IF NOT, DO YOU POSSESS A GED OR EQUIVALENT? IF NOT, ENTER THE HIGHEST GRADE YOU COMPLETED								J COMPLETED
YES NO	YE	S	Γ	NO				
UNIVERSITY OR COLLEGE – NAME AND LOCATI				<u></u>				
BUSINESS, CORRESPONDENCE, TRADE OR		COURSE OF STUDY		UNITS	COMPL	ETED	DIPLOMA, DEGREE OR	DATE
SERVICE SCHOOL					QUARTER	CERTIFICATE OBTAINED	COMPLETED	
					-			
								1
13. LIST BELOW VALID LICENSES, CERTIFICATE	S OF PR	OFESSIONAL OR VO	CATION	IAL COMPETE	NCE, O	OR MEMBERS	HIP IN PROFESSIONAL ASSOCIATION	ONS
LICENSE/CERTIFICATION NUMBER ISSUED				EXPIRATION ADDITIONAL INFORMATION				
		DATE		DATE				
				+				

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14. EMPLOYMENT HISTORY	-Begin with your most recent	job. List each job separately.	
FROM (MDY)	TO (MDY)	JOB TITLE/CLASSIFICATION (Include Range or Level, If applicable)	
HOURS PER WEEK	TOTAL WORKED(Years/Months)	COMPANY/STATE AGENCY NAME	
		ADDRESS	
DUTIES PERFORMED			
REASON FOR LEAVING			
EMPLOYMENT HISTORY			
FROM (MDY)	TO (MDY)	JOB TITLE/CLASSIFICATION (Include Range or Level, If applicable)	
HOURS PER WEEK	TOTAL WORKED(Years/Months)	s) COMPANY/STATE AGENCY NAME	
		ADDRESS	
DUTIES PERFORMED			
2011201 2111 01111125			
REASON FOR LEAVING			
EMPLOYMENT HISTORY	1		
FROM (MDY)	TO (MDY)	JOB TITLE/CLASSIFICATION (Include Range or Level, If applicable)	
HOURS PER WEEK	TOTAL WORKED(Years/Months)	COMPANY/STATE AGENCY NAME	
		ADDRESS	
DUTIES PERFORMED			
REASON FOR LEAVING			

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EMPLOYMENT HISTORY		
FROM (<i>MDY</i>)	TO (MDY)	JOB TITLE/CLASSIFICATION (Include Range or Level, If applicable)
HOURS PER WEEK	TOTAL WORKED(Years/Months)	COMPANY/STATE AGENCY NAME
		ADDRESS
DUTIES PERFORMED		
REASON FOR LEAVING		
TENGOTT OT ELITTING		
EMPLOYMENT HISTORY		
FROM (MDY)	TO (MDY)	JOB TITLE/CLASSIFICATION (Include Range or Level, If applicable)
HOURS PER WEEK	TOTAL WORKED(Years/Months)	COMPANY/STATE AGENCY NAME
		4000500
		ADDRESS
DUTIES PERFORMED		
REASON FOR LEAVING		
REAGON FOR ELAWING		
EMPLOYMENT HISTORY		
FROM (MDY)	TO (MDY)	JOB TITLE/CLASSIFICATION (Include Range or Level, If applicable)
HOURS PER WEEK	TOTAL WORKED(Years/Months)	COMPANY/STATE AGENCY NAME
		ADDRESS
		ADDRESS
DUTIES PERFORMED		
REASON FOR LEAVING		
ON ELIVINO		