

Arrowbear Lake Fire Department EMPLOYMENT APPLICATION

PLEASE PRINT OR TYPE

APPLICANT'S NAME (<i>Last</i>)		(<i>First</i>)	(<i>M.I.</i>)	
MAILING ADDRESS (<i>Number</i>)		(Street)		HOME TELEPHONE NUMBER ()
(<i>City</i>)	(<i>County</i>)	(<i>State</i>)	(<i>Zip Code</i>)	CELL TELEPHONE NUMBER ()

JOB TITLE(S) FOR WHICH YOU ARE APPLYING

ANSWER THE FOLLOWING QUESTIONS:

1. Are you a Citizen of the United States of America? (Proof of employment eligibility required) YES NO
2. Have you ever filed an application with us or been employed with us before? YES NO
3. Have you ever: (If "YES", give details below in Section 10)
 - a. Been dismissed or fired from a position for any reason? YES NO
 - b. Resigned from or quit a position while under investigation or after being informed discipline would be taken against you, or during an appeal from a disciplinary action? YES NO
 - c. Been rejected or told you would not receive permanent or continued employment during any type of probationary or trial period on the job? YES NO
4. In addition to English, list any other languages you speak, read, or write fluently:
5. Are you related to anyone now in the District's employ or on the Board of Directors, the Consulting, Engineering or the Attorney's staff? If answer is yes, state name of relative and organization he or she is affiliated with. YES NO
6. Do you possess a valid California Driver License? (If "Yes", fill in the information below.) YES NO
 License # Class: Restrictions:
7. Are you currently employed? YES NO
8. May we contact your present employer? YES NO
9. Have you attended a Fire Academy? YES NO
 When: Where:
10. Do you possess a CA State EMT or Paramedic License? YES NO EMT License # Paramedic License #

11. DETAILS OR EXPLANATIONS

11. 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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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)	COMPANY/STATE AGENCY NAME
		ADDRESS
DUTIES PERFORMED		
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