



# Willow Oak Fire Protection District

18111 County Road 94B, Woodland, California, 95695

Phone: (530) 662-0781 Fax: (530) 662-5856

E-Mail: [willowoakfire@afes.com](mailto:willowoakfire@afes.com)

## Employment Application

Position: FIREFIGHTER / EMT

### INFORMATION AND INSTRUCTIONS FOR APPLICANTS

- A. Answer all questions completely and accurately
- B. Print answers in ink or use a typewriter
- C. A false statement will disqualify your application from further consideration.
- D. If you move, notify the Willow Oak FPD immediately.
- E. If you need additional space, use plain paper.
- F. You **MUST SUBMIT** proof of your current EMT-1, CPR, a valid CA Drivers License, a current DMV print out and a complete Resume and Reference with this application.

**NAME:**

\_\_\_\_\_

LAST

FIRST

MIDDLE

**TELEPHONE**

HOME: \_\_\_\_\_

MOBILE: \_\_\_\_\_

DOB: \_\_\_\_\_

**PRESENT ADDRESS:**

\_\_\_\_\_

STREET

CITY

STATE

ZIP

**HOW LONG THERE:** \_\_\_\_\_

**LAST PREVIOUS ADDRESS :**

\_\_\_\_\_

STREET

CITY

STATE

ZIP

**HOW LONG THERE:** \_\_\_\_\_

**SOCIAL SECURITY NUMBER** \_\_\_\_\_

**CAN YOU LEGALLY WORK IN THE U.S. ?**

YES  NO

**DO YOU HAVE A VALID CA DRIVERS LICENSE?**

YES  NO

**NUMBER:** \_\_\_\_\_ **CLASS** A  B  C

If 'B' CDL, Do you have Firefighter Endorsement? YES NO

**HAVE YOU EVER HAD YOUR DRIVERS LICENSE REVOKED?** YES  NO  **IF YES EXPLAIN:** \_\_\_\_\_

**HAVE YOU EVER BEEN CONVICTED OF ANY CRIME?** YES  NO  **IF YES - WHEN, WHERE AND DISPOSITION OF CASE?**

**DO YOU HAVE ANY PHYSICAL DISABILITY THAT MIGHT INTERFERE WITH YOUR ABILITY TO PERFORM THE DUTIES OF THIS POSITION FOR WHICH YOU ARE APPLYING FOR?** YES  NO  **IF YES EXPLAIN:** \_\_\_\_\_

1. ARE YOU CURRENTLY EMPLOYED?

YES  NO

2. EARLIEST STARTING DATE? \_\_\_\_\_

3. MAY WE CONTACT YOUR PRESENT EMPLOYER?

YES  NO

**PERSONAL REFERENCES: ( list three, but do not use relatives or former employers)**

NAME	ADDRESS	PHONE	OCCUPATION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**WORK EXPERIENCE:**

**FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_  
MONTH/YEAR MONTH/YEAR NAME AND ADDRESS OF EMPLOYER

TITLE AND DUTIES OF YOUR POSITION:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME OF SUPERVISOR: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

**FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_  
MONTH/YEAR MONTH/YEAR NAME AND ADDRESS OF EMPLOYER

TITLE AND DUTIES OF YOUR POSITION:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME OF SUPERVISOR: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

**FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_  
MONTH/YEAR MONTH/YEAR NAME AND ADDRESS OF EMPLOYER

TITLE AND DUTIES OF YOUR POSITION:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME OF SUPERVISOR: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

**FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_  
MONTH/YEAR MONTH/YEAR NAME AND ADDRESS OF EMPLOYER

TITLE AND DUTIES OF YOUR POSITION:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME OF SUPERVISOR: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
MONTH/YEAR MONTH/YEAR NAME AND ADDRESS OF EMPLOYER

TITLE AND DUTIES OF YOUR POSITION:

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NAME OF SUPERVISOR:

REASON FOR LEAVING:

FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
MONTH/YEAR MONTH/YEAR NAME AND ADDRESS OF EMPLOYER

TITLE AND DUTIES OF YOUR POSITION:

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NAME OF SUPERVISOR:

REASON FOR LEAVING:

PLEASE COMPLETE A BRIEF HAND WRITTEN STATEMENT OF WHY YOU ARE QUALIFIED FOR THIS POSITION:

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# Applicants Statement

I certify that 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 hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and that the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not change by written document or contact unless such change is specifically acknowledged in writing by and authorized executive of the organization.  
In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of the applicant

\_\_\_\_\_  
Date