



Willow Oak Fire Protection District

18111 County Road 94B, Woodland, California, 95695

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

E-Mail: willowoakfd@gmail.com

Employment Application

Position: Volunteer Firefighter

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 CA Drivers License, a current DMV print out and a complete Resume and Reference with this application.

NAME:

LAST

FIRST

MIDDLE

TELEPHONE

HOME: _____

MOBILE: _____

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 YOU 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
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

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:

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:

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

Applicants Statement

I certify that answers given herein are true and complete to the best of my knowlege.

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