

Application for Employment

Yreka Fire Department (CA)

Fire Chief

Instructions: Each question should be answered fully and accurately. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. **Please print or type**, except for signature on the last page of the application. All information you give on this application will be held in strict confidence.

Application will be rejected if not signed.

Personal Data

Last Name	First Name	Middle Name	
Current Mailing Address	City	State	Zip
Primary Phone Number	Secondary Phone Number	Social Security Number	
Email Address			

When are you available for employment?

Would you take a physical examination if it were required for the job for which you are applying? Yes No

General Information

Do you have a valid Driver's License? Yes No

Driver's License Number: _____ State: _____

Emergency Medical Technician Rating:

State: _____ Expiration Date: _____

Fire Instructor Level:

Have you ever been convicted of or pleaded no contest to a felony? Yes No

If yes, please explain:

Are you currently OR expecting to be engaged in any other business or employment? Yes No

If yes, please explain:

Education		
High School Institution Name / City, State	Highest Grade Completed	Did you graduate?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
College or University Institution Name / City, State	Highest Level Completed	Did you graduate?
Major/Degree:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Major/Degree:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Major/Degree:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Educational/Vocational/Technical Training Institution Name / City, State		Did you complete coursework
Coursework:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Coursework:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Coursework:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Employment History		
List names of employers in consecutive order with present or last employer listed first. Account for all periods of time, including military service and any periods of unemployment. If self-employed, give firm name and supply business references. If you worked in any position under another name, please give name(s). Please indicate month and year of employment.		
Name of Employer:		Employed from: to
		MO/YR MO/YR
Address:		
Supervisor:		Telephone Number:
Your Position Title:		
Duties:		
Reason for Leaving:		

Employment History (continued)	
Name of Employer:	Employed from: to
MO/YR MO/YR	
Address:	
Supervisor:	Telephone Number:
Your Position Title:	
Duties:	
Reason for Leaving:	
Name of Employer:	Employed from: to
MO/YR MO/YR	
Address:	
Supervisor:	Telephone Number:
Your Position Title:	
Duties:	
Reason for Leaving:	
Name of Employer:	Employed from: to
MO/YR MO/YR	
Address:	
Supervisor:	Telephone Number:
Your Position Title:	
Duties:	
Reason for Leaving:	

References		
Give three references (exclude relatives and former employers).		
Name:	Occupation:	Telephone:
Address:		
Name:	Occupation:	Telephone:
Address:		
Name:	Occupation:	Telephone:
Address:		
<p>I certify the information in this application and attachments are true and complete to the best of my knowledge. I am aware that any falsification, misrepresentation, or omission may result in my disqualification for employment or discharge from employment. I authorize my present and previous employers to release information regarding my job performance. I also authorize the hiring agency to obtain information of any past criminal activities through a police background investigation. I hereby waive my rights to claims or damages against any employer, police agency and the hiring agency, its officers, agents, and employees, in regard to this exchange of information concerning my past history and employment.</p>		
_____		_____
Signature		Date