



# Sable Altura Fire Protection District Application for Employment

An Equal Opportunity Employer

The District fully supports and complies with all applicable federal, state and local laws relating to the hiring of employees and selection of volunteers. The District will not discriminate against an applicant on the basis of his or her status in any class or group protected by federal state or local law.

Answer each question fully and accurately. No action will be taken on this application until all questions have been answered. Submit additional sheets if you do not have enough room on this application. If you are not filling this application out electronically, **PLEASE PRINT LEGIBLY.**

Application Date \_\_\_\_\_

Available Date \_\_\_\_\_

<b>Indicate Your Application Type</b>	<input type="checkbox"/> Career/FT	<input type="checkbox"/> Career/PT	<input type="checkbox"/> Volunteer
<b>Indicate The Application Category:</b>	<input type="checkbox"/> Fire/EMS	<input type="checkbox"/> EMS Only	<input type="checkbox"/> Fire Corps
Former SAFD firefighter seeking re-entry?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	(Support Staff)

**Name** (Last, First MI) \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **ZIP** \_\_\_\_\_

Are you at least 21 years of age or older?.....  Yes  No

**Primary Phone** \_\_\_\_\_ **Secondary Phone** \_\_\_\_\_

**Social Security #** (Optional) \_\_\_\_\_

If selected, can you furnish proof of eligibility to work in the US?.....  Yes  No

**E-mail Address** \_\_\_\_\_

**Have you ever been convicted of crime in the past seven years** (include pleas of Guilty or No Contest)?  Yes  No

Exclude minor traffic violations

If Yes, Please provide details

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

DL # \_\_\_\_\_ State \_\_\_\_\_ Class \_\_\_\_\_

**Have you had you license suspended or revoked in the last three years?**.....  Yes  No

If Yes, Please provide details

\_\_\_\_\_

<b>Previous/Current Fire Agency or School</b>	<b>Level of Certification</b>	<b>State</b>
_____	_____	_____
<b>Previous/Current EMS Agency or School</b>	<b>Level of Certification</b>	<b>State</b>
_____	_____	_____

Education Information	Yrs Comp	Dipla/Dgre	Sub Study
High School/GED			
College/University			
Vocational/Technical			
Any other pertinent skills or training?			

Employment Information			
Employer Name		Job Title	
Address		Date s	
City, State, Zip		Reason for Leaving	
Supervisor	Phone	Pay Rate	
Employer Name		Job Title	
Address		Date s	
City, State, Zip		Reason for Leaving	
Supervisor	Phone	Pay Rate	
Employer Name		Job Title	
Address		Date s	
City, State, Zip		Reason for Leaving	
Supervisor	Phone	Pay Rate	

References	NAME	CITY/STATE	PHONE
Please list three references who are not relatives or former employers.			

**PLEASE READ CAREFULLY BEFORE SIGNING**

I certify that all information provided in this application is true and complete. I understand that any misrepresentations or material omissions concerning such information will be grounds for denying my application or terminating my employment or volunteer services. I authorize the investigation of all statements in this application and understand that in connection with the application process, the District may request information from my past employers, volunteer organizations, educational institutions, and personal references, and that such investigation may include a review of any criminal records and driving records. By signing this application, I further acknowledge that I will be required to undergo a drug/alcohol test if the District makes a conditional offer of employment or volunteer service to me. Unless expressly modified by a written employment agreement, individuals hired by District are "at-will" employees, meaning they may quit without prior notice at any time for any or no reason; similarly, the District may terminate an employee or volunteer at any time for any or no reason, subject only to the requirements of federal, state or local law. Nothing in this application alters an individual's at-will employment or volunteer service.

I have read, understand, and by my signature consent to these statements. If digitally submitting this application, I acknowledge that typing my name below serves as my digital signature.

Signature \_\_\_\_\_