FAILURE TO FULLY COMPLETE THE APPLICATION MAY RESULT IN YOUR REJECTION FROM THE RECRUITMENT.



South Placer Fire District 6900 Eureka Road Granite Bay, CA 95746 Telephone (916) 791-7059



Application Physical Agility ___

APPROVED BY

Back Ground Medical

APPLICATION FOR EMPLOYMENT (PLEASE TYPE OR PRINT IN BLACK INK)							DMV/Auto Ins Personnel						
1. POSITION APPLIED FOR:							Reviewed By:						
2. NAME: (First) (Middle)		(Last)						Phone ()					
3. Mailing (Address)	(City)						(Stat	(۵		(Zip)	1		
In case of Emergency, notify: Name	(City) (State) (Phone ()						(ΖΙΡ)	<u>'</u>					
4. In case of Emergency, notify. Name			1 110110	· (,								
READ FULLY (ANSWER BY CHECKING)											Yes	No	
5. Do you object to the District making an inquiry of your present or past employers?													
6. Citizenship: If you are not a U.S. Citizen, do you have the legal right to remain permanently in the U.S.? (Proof required, if hired)													
7. Age: Are you over the age of 18? (Proof required, if hired)												
8. Do you have a valid driver's license?	_					_							
List Endorsements: State	Type of L			L Numb									
Are you able, with or without reasonable accommodation, to perform the essential functions as stated in the announcement? Hiring will be contingent on passing a physical examination.													
IF YOU ANSWER YES TO QUESTIONS #10, #11. PLEASE GIVE DETAILS BELOW													
10. Have you, as an adult, been convicted (including payment of a fine or placement on probation) of a violation of the law?													
A yes answer will not automatically disqualify you.													
11. Have you been convicted (including payment of a fine or placement on probation) of a moving traffic violation? List all moving violations within the last 5 years. A yes answer will not automatically disqualify you.													
	ELATED SCH	OOLING	8 & TR/										
13. EDUCATION: (Circle Highest Grade Completed) 1 2	3 4 5	6 7	8 9	10	11	12	13	14	15	16 17	18		
NAME AND LOCATION OF COLLEGE, UNIVERSITY BUSINESS, CORRESPONDENCE, TRADE OR		COLIDORS OF STUDY			Som	Completed nester Quarter			Do	aroo			
SERVICE SCHOOLS	COURSES OF STUDY Semester Units						Units	Degree					
Certificates of Tr	aining, Licens	es, or P	rofessi	onal R	egistr	ation					<u> </u>		
Name of Certificate/License/Registration		ı	Da	ite Issu	ed		1		Regi	stration N	lumber		

SIGNATURE	DATE							
I certify all information shown on this application is true and correct to the best of my knowledge. I agree to be fingerprinted, to submit to a medical examination, a drug and alcohol screening, and upon employment, to furnish such proof of age and citizenship as may be required. I understand and agree that any misstatements or omissions in material facts on any of the foregoing documents may herein subject me to disqualification or dismissal.								
I agree to conform to the rules and regulations of the district and to meet their standards of uniform and neatness. I understand that bonding may be a condition of employment.								
I hereby authorize any former employers to give any and all information regarding my employment and any other information, whether personal or otherwise, which may or may not be in their records. I also grant permission to the South Placer Fire District to conduct a background investigation as they deem necessary in conjunction with my employment. I hereby release South Placer Fire District for all liability for any damages whatsoever that may ensue from furnishing same.								
CERTIFICATE OF APPLICANT								
Name & Title of Supervisor:								
Contact Telephone Number:								
Name & Address of Employer:	Your Duties Were:							
From:/ To:/ Month Year Month Year	Title of Position:	NUMBER OF HOURS WORKED PER WEEK						
Name & Title of Supervisor:								
Contact Telephone Number:								
Month Year Month Year Name & Address of Employer:	Your Duties Were:	WORKED PER WEEK						
From:/ To:/	Title of Position:	NUMBER OF HOURS						
Name & Title of Supervisor:								
Contact Telephone Number:								
Name & Address of Employer:	Your Duties Were:	WORKED I ER WEER						
From:/ To:/ Month Year Month Year	Title of Position:	NUMBER OF HOURS WORKED PER WEEK						
Name & Title of Supervisor:								
Contact Telephone Number:								
Name & Address of Employer:	Your Duties Were:							
From:/ To:/ Month Year Month Year	Title of Position:	NUMBER OF HOURS WORKED PER WEEK						
	in the last 10 years. Describing your job duties and military expected spent in doing the work. You may use additional sheets if ne							

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