



Truckee Fire Protection District

Employment Application
 An Equal Opportunity Employer
 Administration Office
 10049 Donner Pass Rd.
 Truckee, CA 96161
 (530) 582-7850

The Truckee Fire Protection District does not discriminate on the basis of race, color, national origin, religion, age, disability, or any other characteristics protected by applicable state or federal civil right laws.

Human Resources Use Only

DATE PASS/FAIL NOTIFIED

WRITTEN _____
 AGILITY _____
 ORAL _____
 COMMENTS _____

TITLE OF JOB APPLYING FOR: _____

INSTRUCTIONS: This application must be filled out completely and signed to be accepted for review. Applications will be evaluated on the basis of information provided and it is the applicant's responsibility to insure that this information is thorough and complete. Please type or print in ink.

LAST NAME _____ **FIRST NAME** _____ **MIDDLE NAME** _____

MAILING ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP** _____

PLACE OF RESIDENCE _____ **CITY** _____ **STATE** _____ **ZIP** _____

AREA CODE _____ **HOME TELEPHONE #** _____ **AREA CODE** _____ **WORK OR MESSAGE TELEPHONE #** _____

EMAIL ADDRESS (OPTIONAL) _____ **SOCIAL SECURITY # (OPTIONAL)** _____

DRIVER'S LICENSE # (IF APPLICABLE FOR JOB DUTIES) _____ **STATE** _____ **CLASS** _____ **EXPIRATION DATE** _____

DATE OF BIRTH (FOR FIRE APPLICANTS ONLY) _____

Are you 18 years of age or older? ____ Yes ____ No

After employment, can you submit verification of your legal right to work in the United States? ____ Yes ____ No

In case of emergency, please notify: _____ Phone: _____

1. Have you ever been employed by the Truckee Fire Protection District? ____ Yes ____ No
2. Have you ever been employed under another name? ____ Yes ____ No
3. Are you related to any current Truckee Fire Protection District employee? ____ Yes ____ No

If yes, state relationship, name and where employed below.

4. Do you need reasonable accommodations to perform the essential functions of the position for which you are applying? ____ Yes ____ No

If you answered, "Yes" to any question's 1-4, please explain below:

EDUCATION				
Name of High School/Location	Are you a High School Graduate?		If not, do you possess a GED or High School Equivalency?	
	____ Yes ____ No		____ Yes ____ No	
Name of schools attended College/Trade	Credits Completed	Major	Did you Graduate?	Degrees/Certifications Received
			Yes ____ No	
			Yes ____ No	
			Yes ____ No	

EMPLOYMENT HISTORY:

- 1. List all employment starting with your most recent employer for the last 10 years.
- 2. List each change in title or position
- 3. Use additional sheets as necessary

Date of Employment: From: _____ To: _____

Employer: _____ Position _____

Mailing Address: _____
P.O. Box or Street Address City State Zip

Telephone #: (____) _____ Supervisor: _____

Job Duties: _____

Reason for Leaving: _____

Date of Employment: From: _____ To: _____

Employer: _____ Position _____

Mailing Address: _____
P.O. Box or Street Address City State Zip

Telephone #: (____) _____ Supervisor: _____

Job Duties: _____

Reason for Leaving: _____

Date of Employment: From: _____ To: _____

Employer: _____ Position _____

Mailing Address: _____
P.O. Box or Street Address City State Zip

Telephone #: (____) _____ Supervisor: _____

Job Duties: _____

Reason for Leaving: _____

May we contact your current employer? ____ Yes ____ No

Please read and sign below:

I declare under the penalty of perjury that all answers and statements in the application are true and complete to the best of my knowledge and belief. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer or, if hired, immediate dismissal from employment.

Applicant Signature

Date

Supplemental Information:

License, Certificates: (attach copies of required certifications)

List all valid applicable licenses, and/or certificates (include type of license/certification, state, number & expiration date)

Training:

List any specialized training which is applicable to this position:

Languages:

Language other than English (indicate level of proficiency):

_____ Speak _____ Read _____ Write _____

_____ Speak _____ Read _____ Write _____

REFERENCES:

List three (3) individuals you have known at least one (1) year. Do not include relatives or former employers.

Name: _____

Address: _____
Street City State Zip

Telephone # () _____ Years acquainted: _____

Name: _____

Address: _____
Street City State Zip

Telephone # () _____ Years acquainted: _____

Name: _____

Address: _____
Street City State Zip

Telephone # () _____ Years acquainted: _____

PRE-EMPLOYMENT PHYSICAL EXAMINATION:

All job applicants for permanent, temporary, paid-call and volunteer employment who are seriously being considered for hire shall be required to submit to a physician's examination and drug screening at the Districts expense.

No employment commitment shall be made until a negative drug screen result is obtained and a qualified physician has certified the applicant is qualified to do the type of work required by the position being applied for.

Applicants who refuse to cooperate in the examination and testing shall not be considered further for employment.

Applicants who have a positive drug test result shall be denied employment.

When the applicant reports to the medical facility for the scheduled examination and drug testing, identification shall be provided to the said facility in the form of a photograph and a verifiable signature.

All test results shall be kept confidential. The applicant may be told he/she failed to pass the test. Only the Fire Chief shall have access to the actual test results.

Immediately prior to reporting for drug testing, all job applicants shall complete a Consent and Release Form kept in file in the Districts Office.

AUTHORIZATION

I hereby authorize the Truckee Fire Protection District to thoroughly investigate my references, work record, driving record, education, and other matters related to my suitability for employment and, further, authorize my former employers to disclose to the District any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I release the Truckee Fire Protection District, my former employers, and all other persons, from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

I understand that nothing contained in the application or conveyed during any interview, which may be granted, is intended to create an employment contract between the Truckee Fire Protection District and me. I understand that only the Fire Chief may fill the available positions with the District, and that no promise, expressed or implied by anyone other than the Fire Chief is valid.

A PHOTOCOPY OF THIS AUTHORIZATION SHALL BE AS VALID AS THE ORIGINAL.

Applicant Signature

Date