

EMPLOYMENT APPLICATION

Gold Ridge Fire Protection District
4500 Hessel Rd., Sebastopol Ca. 95472-6267
(707)823-1084 – Fax (707)829-1175
www.goldridgefire.org

Date of Application _____ *Please Print or Type*

Position Applying for: **Volunteer / Intern Firefighter Program / Explorer**

Referred By: Advertisement Friend/Relative Internet Search Walk-in Job Fair Other _____

Name _____
Last First Middle Initial

Mailing Address

_____ City, State Zip Code

Do you have an Email Address? _____ @ _____

Telephone (_____) _____ home (_____) _____ work
Which number is best to call? home ___ work ___ Time _____

Date of Birth: ____/____/____ Social Security Number ____/____/____

California drivers license number : _____ Class: _____

Physical Description

Height: _____ Weight: _____ Eyes: _____ Hair: _____

Medical History

Have you ever failed an insurance physical? yes no

Have you missed work/school in the past six months due to illness or injury? yes no

Physical limitations or any chronic illness: _____

Have you been vaccinated for Hepatitis B? yes no If yes, where did you receive the vaccination and the date: _____

EDUCATION

Circle highest attained: Elementary High School College/University Degree: _____

School Name _____ City/State _____

Did you graduate? _____

Specialized Training or Skills _____

Employer _____ Dates Employed –From To _____ Work Performed – Duties _____

Address _____ Job Title _____ Supervisor _____

Reason for Leaving _____

REFERENCES

Give name address, and telephone number of three people that we may contact, who you have known at least one year.

1.) Name: _____ Address: _____

Phone: Home (____)____ - _____ Bus: (____)____ - _____

2.) Name: _____ Address: _____

Phone: Home (____)____ - _____ Bus: (____)____ - _____

3.) Name: _____ Address: _____

Phone: Home (____)____ - _____ Bus: (____)____ - _____

AGREEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that misrepresentation or omission of facts called for is cause for dismissal. I understand that this application is not and is not intended to be a contract of employment. In the event of employment, I understand, also, that I am required to abide by all rules and regulations of the Gold Ridge Fire Protection District. I understand that if my application is approved, I will be required to take a physical skills performance test as part of the eligibility requirement.

Signature of Applicant

Date

EXPLORER APPLICANTS

Signature of Legal guardian: _____ Date: _____

Emergency contact ;

Name: _____ Phone: _____

Address: _____

DEPARTMENT USE ONLY

Personnel Officer: _____ Date: _____

Fire Chief: _____ Date: _____

Date of Acceptance: _____

