

# APPLICATION FOR EMPLOYMENT VACAVILLE FIRE PROTECTION DISTRICT

For: **VOLUNTEER FIREFIGHTER**

Date of Application: \_\_\_\_\_

## PERSONAL INFORMATION

Last Name	First Name	Middle Initial	Home Phone
Present Street Address		City	State      Zip
Social Security Number:			
Please indicate a person to be notified in case of emergency:			
Name: _____			
Address: _____			
Phone Number: _____			
Are you able to perform the essential functions of the position for which you are applying, either with or without reasonable accommodations? Yes <input type="checkbox"/> No <input type="checkbox"/> If necessary, please describe what type(s) of reasonable accommodations are needed:			
Do you have the legal right to work and be employed in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/> <small>(Proof of identity and legal authority to work in the U.S. is a condition of employment.)</small>			
Are you at least age 19? Yes <input type="checkbox"/> No <input type="checkbox"/> <small>(Proof of age and work permits may be required prior to hiring.)</small>			
Do you have a reliable means of transportation to and from work? Yes <input type="checkbox"/> No <input type="checkbox"/>			

## EDUCATION

	Name of School & Address	Graduated (Yes/No)	Number of Years	Course or Major	Average
Junior High					
High School					
College					
Other					

Extracurricular Activities (You may omit those which indicate your race, color, religion, sex, national origin, ancestry, age, or the existence of a disability.)

The District is an equal opportunity employer. The District does not discriminate on the basis of race, color, religion, sex, national origin, age, disability, or any other characteristic protected by applicable state or federal civil rights laws.

### GENERAL INFORMATION

Have you ever worked for this District before? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Date you are available to start:	
<i>Days and Hours Available to Work</i>	DAY Sunday Monday Tuesday Wednesday Thursday Friday Saturday From _____ To _____
What interested you in this District?	
What are your hobbies, special interests, and activities? (Please omit those indicating race, color, religion, sex, national origin, ancestry, age, or the existence of a disability.)	
Have you ever been convicted of a crime other than a traffic violation? Yes <input type="checkbox"/> No <input type="checkbox"/> (Note: A conviction is not an automatic bar to employment. Each case will be considered on its own merits.) If Yes, please explain and state the charge, the court, the date, and the disposition of the case: _____	
Do you have any special training, experience, or ability that you think would be of value to the District? _____ _____ _____ _____	
Why do you wish to become a volunteer firefighter? _____ _____ _____ _____ _____	
Will your employer allow you to respond during work hours to fire calls? Yes <input type="checkbox"/> No <input type="checkbox"/> Drills are held the first and third Monday of every month at 7:30 p.m. to 9:30 p.m. Will you be able to <u>regularly</u> attend these drills? Yes <input type="checkbox"/> No <input type="checkbox"/>	

### EMPLOYMENT/WORK EXPERIENCE

List all of your jobs in the past five years. (If applicable, you may list work performed on a voluntary basis. If additional pages are needed, please attach.)				
<b>Company #1</b> (present or most recent employer)		Address	Telephone Number	
Employed (month and year)		Rate of Pay		Average # of Hours
From	To	Start	Ending	Worked Per Week:
Position(s) Held:		Supervisor's Name and Position		
Describe all of your significant duties:				
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Reason for leaving:				
<b>Company #2</b> (present or most recent employer)		Address	Telephone Number	
Employed (month and year)		Rate of Pay		Average # of Hours
From	To	Start	Ending	Worked Per Week:
Position(s) Held:		Supervisor's Name and Position		
Describe all of your significant duties:				
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Reason for leaving:				
<b>Company #3</b> (present or most recent employer)		Address	Telephone Number	
Employed (month and year)		Rate of Pay		Average # of Hours
From	To	Start	Ending	Worked Per Week:
Position(s) Held:		Supervisor's Name and Position		
Describe all of your significant duties:				
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Reason for leaving:				

Please identify and explain all periods of unemployment during the last five years:		
From	To	Reason for Unemployment
_____		
_____		
_____		
Please provide the names, addresses, and telephone numbers of at least two references who are not related to you:		
_____		
_____		

**I hereby certify** that the information contained in this application form is true and correct to the best of my knowledge and agree to have any of the statements checked by the District unless I have indicated to the contrary. I authorize the references listed above, as well as all other individuals whom the District contacts, to provide the District any and all information concerning my previous employment and any other pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the District as well as from any use or disclosure of such information by the District or any of its agents, employees, or representatives. 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 I am hired, my immediate dismissal from employment.

In consideration of my employment, I agree to conform to the rules and standards of the Vacaville Fire Protection District. I further agree that my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or at the option of the District. I understand that no employee or representative of the District, other than its fire chief, has the authority to enter into any agreement for employment for any specified period of time, or to make any express or implied agreement contrary to the foregoing. Further, the fire chief of the District may not alter the at-will nature of the employment relationship or enter into any employment agreement for a specified time unless the fire chief and I both sign a written agreement that clearly and expressly specifies the intent to do so. I agree that this shall constitute a final and fully binding integrated agreement with respect to the at-will nature of my employment relationship and that there are no oral or collateral agreements regarding this issue.

I also understand that all offers of employment are conditioned on the District's receipt of satisfactory responses to reference requests and the provision of satisfactory proof of an applicant's identity and legal authority to work in the United States. Offers of employment are also conditioned on the satisfactory completion of a post-offer medical examination.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**AN EQUAL OPPORTUNITY EMPLOYER**