



Alpine Fire Protection District

1364 Tavern Road
Alpine, CA 91901-3831
Phone: 619 445 2635
www.alpinefire.org

Employment Application

An equal opportunity employer

Instructions for Application

This application is an initial part of the candidate evaluation process. Please apply only if you feel reasonably certain that you meet the requirements as described in the job announcement. If you are completing this application manually, print clearly in ink or use a typewriter and fill the application out completely; references to information contained in your resume will not be acceptable in lieu of complete answers. All statements in this application will be made under oath. False statements are cause for rejection of application, removal of name from eligibility list, or dismissal from position. Answer questions as completely as space will permit. Failure to do so may result in reduced rating. Avoid any reference to religion, politics, or membership in fraternal orders. When completing this application, show as clearly as possible that you meet each of the preliminary requirements listed in the job announcement. Failure to do so is cause for rejection of the application. If job requirements are not available, fill out the application as completely as possible.

Personal Information

Last Name		First Name		Middle Initial	Date
Other names by which you have been known (for date verification and reference checking purposes)				Social Security Number	
Home Phone	Cell Phone	E-mail address			
Permanent Address			City	State	Zip Code
Previous Address (if at current address less than 5 years)				Are you over the age of 18?	
Valid Driver's License Number	State	Class	Traffic violations in 5 years, explain		

Are you authorized to work in the United States? Yes No

Have you ever worked for this District? Yes No If so, when?

Are you related to any employee of this District? Yes No If yes, explain

Do you have any physical condition which may limit your ability to perform the job applied for? Yes No If yes, explain what can be done to accommodate your limitation

Have you ever been discharged or forced to resign from any position? Yes No If yes, explain

Employment Interest

Position you are applying for	Salary Desired	Date Available
Have you applied to this District for a position?	What date(s)	What position(s)

Education and Training

Indicate last level completed: High School College or University Graduate School

Name of High School, Technical School and College	City, State	Major	Degree

Additional education, vocational, professional, military, or other information you feel may be helpful to us in considering your application:

List all languages that you speak, read or write, other than English, which may be beneficial to the position for which you are applying?

Do you fluently speak, read and write the English language?

Remarks:

Employment History

Beginning with your current or most recent position, list all positions you have held for the last 10 years; account for periods of unemployment. **Each title change or promotion should be listed and detailed separately.** If additional space is needed, copy this page or attach additional sheets in similar format.

Company Name		Street Address			
City	State	Zip Code	Yes	No	Later
Starting Job Title			Final Job Title		
Supervisor's Name and Title		Phone			
Reason for Leaving		Dates of Employment			
Job Duties		From (mo/yr)		To (mo/yr)	

Company Name		Street Address			
City	State	Zip Code	Yes	No	Later
Starting Job Title			Final Job Title		
Supervisor's Name and Title		Phone			
Reason for Leaving		Dates of Employment			
Job Duties		From (mo/yr)		To (mo/yr)	

Company Name		Street Address			
City	State	Zip Code	Yes	No	Later
Starting Job Title			Final Job Title		
Supervisor's Name and Title		Phone			
Reason for Leaving		Dates of Employment			
Job Duties		From (mo/yr)		To (mo/yr)	

Company Name		Street Address		
City	State	Zip Code	Yes	No
Starting Job Title		Final Job Title		
Supervisor's Name and Title		Phone		
Reason for Leaving		May we contact employer?		
Job Duties		Dates of Employment		
		From (mo/yr)	To (mo/yr)	

Company Name		Street Address		
City	State	Zip Code	Yes	No
Starting Job Title		Final Job Title		
Supervisor's Name and Title		Phone		
Reason for Leaving		May we contact employer?		
Job Duties		Dates of Employment		
		From (mo/yr)	To (mo/yr)	

Personal References

Provide at least 3 personal references, preferably not employers, who have knowledge of your character, experience and abilities. Do not include relatives.

Name	Relationship	Address
Phone	Cell Phone	E-mail address
Name	Relationship	Address
Phone	Cell Phone	E-mail address
Name	Relationship	Address
Phone	Cell Phone	E-mail address

Read Carefully and Sign

I certify that the information contained in this application is true and complete to the best of my knowledge and belief, and I understand that any misstatement or omission of information is cause for rejection of this application, removal of my name from any eligibility list, or dismissal from employment.

I certify that I have read and meet the specific requirements listed on the job announcement and description of duties for the position I am applying. I understand that I may be requested to submit proof of qualifications at a later date. If upon verification of qualifications, it is determined that I do not meet the specific requirements, I understand that I will be disqualified.

Alpine Fire Protection District (AFPD) advises all applicants that AFPD is obligated, per the Immigration Reform and Control Act of 1986, to verify eligibility for employment in the United States. Any offer of employment will be contingent upon the employee being authorized to work in the United States and upon the employee providing appropriate documentation verifying eligibility.

AFPD complies with the Age Discrimination Act of 1967 which prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

The AFPD certifies and agrees that all persons employed or seeking employment will be treated equally without regard to or because of race, religion, ancestry, nation origin, sexual orientation, gender, military or veteran status, and in compliance with all state and federal anti-discrimination laws.

In order that AFPD may verify the accuracy of the information contained in my application, I hereby authorize any former employer, its employees and representatives, or any person listed as a reference to provide any and all information they deem appropriate regarding my employment, job performance, references, education or training, personal conduct, and criminal history, including a right to obtain any criminal history information. This information may be provided either verbally or in writing. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against any former employer, its employees and representatives, or any person listed as a reference, and release any former employer, its employees and representatives, former educational institution, or any person listed as a reference for any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of such information by any person or party, whether such information is favorable or unfavorable to me.

I am aware that fingerprinting is required as part of my background investigation. In addition, I am aware that before the final interview I may be subject to a preliminary background questionnaire and, after an offer of employment has been extended, I may be required to submit to an extensive background investigation and a psychological and/or medical examination, which includes a drug and/or alcohol analysis. I also understand that failure to submit to or satisfactorily complete the examination or investigation may result in any offer of employment being withdrawn.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and/or salary, be terminated at any time without any prior notice.

I understand that AFPD is an at-will employer and this application is not a contract for employment and that no representative of AFPD other than the Fire Chief has the authority to enter into any agreement for employment for any position or period of time, or to otherwise alter the foregoing.

Applicant Signature _____ Date _____