



## 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 |   |          |
| If hired, can you submit verification of your legal right to work in the United States?                                     |            | Yes <input type="checkbox"/> | No <input type="checkbox"/>            |   |          |
| Have you ever worked for this District?   |            | Yes <input type="checkbox"/> | No <input type="checkbox"/>            | If so, when? _____  |          |
| Are you related to any employee of this District?   |            | Yes <input type="checkbox"/> | No <input type="checkbox"/>            | If yes, explain _____   |          |
| Do you have any physical condition which may limit your ability to perform the job applied for?                             |            | Yes <input type="checkbox"/> | No <input type="checkbox"/>            | If yes, explain what can be done to accommodate your limitation _____ |          |
| Have you ever been discharged or forced to resign from any position because of misconduct or a violation of rules/policies? |            | Yes <input type="checkbox"/> | No <input type="checkbox"/>            | _____   |          |

### 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 <input type="checkbox"/> | No <input type="checkbox"/> Later <input type="checkbox"/> |
| Starting Job Title          |       | Final Job Title     |                              |  |
| Supervisor's Name and Title |       | Phone               |                              |  |
| Job Duties                  |       | Dates of Employment |                              |  |
|                             |       | From (mo/yr)        | To (mo/yr)                   |  |

|                             |       |                     |                              |  |
|-----------------------------|-------|---------------------|------------------------------|--|
| Company Name                |       | Street Address      |                              |  |
| City                        | State | Zip Code            | Yes <input type="checkbox"/> | No <input type="checkbox"/> Later <input type="checkbox"/> |
| Starting Job Title          |       | Final Job Title     |                              |  |
| Supervisor's Name and Title |       | Phone               |                              |  |
| Job Duties                  |       | Dates of Employment |                              |  |
|                             |       | From (mo/yr)        | To (mo/yr)                   |  |

|                             |       |                     |                              |  |
|-----------------------------|-------|---------------------|------------------------------|--|
| Company Name                |       | Street Address      |                              |  |
| City                        | State | Zip Code            | Yes <input type="checkbox"/> | No <input type="checkbox"/> Later <input type="checkbox"/> |
| Starting Job Title          |       | Final Job Title     |                              |  |
| Supervisor's Name and Title |       | Phone               |                              |  |
| Job Duties                  |       | Dates of Employment |                              |  |
|                             |       | From (mo/yr)        | To (mo/yr)                   |  |

|                             |       |                |                              |  |
|-----------------------------|-------|----------------|------------------------------|--|
| Company Name                |       | Street Address |                              |  |
| City                        | State | Zip Code       | Yes <input type="checkbox"/> | No <input type="checkbox"/> Later <input type="checkbox"/> |
| Starting Job Title          |       |                | Final Job Title              |  |
| Supervisor's Name and Title |       |                | Phone                        |  |
| Job Duties                  |       |                | Dates of Employment          |  |
|                             |       |                | From (mo/yr)                 | To (mo/yr)   |

|                             |       |                |                              |  |
|-----------------------------|-------|----------------|------------------------------|--|
| Company Name                |       | Street Address |                              |  |
| City                        | State | Zip Code       | Yes <input type="checkbox"/> | No <input type="checkbox"/> Later <input type="checkbox"/> |
| Starting Job Title          |       |                | Final Job Title              |  |
| Supervisor's Name and Title |       |                | Phone                        |  |
| 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**

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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.

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Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_