



Anderson Fire Protection District

APPLICATION FOR EMPLOYMENT

RETURN TO:
Anderson Fire
Protection District
1925 Howard Street
Anderson, CA 96007
(530) 378-6699

Postmarks, Facsimiles or E-mails NOT Accepted

Application must be typed or printed and signed in black or dark blue ink. DO NOT USE PENCIL.

Position applied for: _____ Expected rate of pay: _____

(List only 1 position for each application submitted. Applications are accepted for currently posted positions only.)

PERSONAL INFORMATION

Name _____
Last First Middle

Address _____
Street City State Zip

Mailing Address: _____
Street City State Zip

Home Phone No.: _____ Cell Phone No.: _____ Daytime Phone No. _____
Area Code/ Number Area Code/Number Area Code/Number

Email Address: _____

SPECIAL QUESTIONS

If you are hired, can you submit proof of right to work in the United States? ____ Yes ____ No

Are you at least 18 years of age? ____ Yes ____ No

Do you possess a valid California Driver's License? ____ Yes ____ No

Have you been discharged or forced to resign a position?
(If yes, please explain circumstances below.) ____ Yes ____ No

Were you previously employed by the Anderson Fire Protection District?
(If yes, list under what name and year(s) worked below.) ____ Yes ____ No

Do you have any relatives working for the Anderson Fire Protection District?
(List names, relationship – and department below.) ____ Yes ____ No

Are you employed now? ____ Yes ____ No If so, may we inquire
of your present employer? ____ Yes ____ No

Have you ever used another name? /or/ is any additional information relative to change of name, use of an assumed name, or nickname necessary to enable a check on your work and education record? If yes, please explain.

All new employees are fingerprinted to determine criminal background.

WORK HISTORY

In order for your application to be considered, the following section **MUST** be completed. A resume may be attached but will **NOT** be accepted in lieu of completion of this section. Applications that say, "See Resume" will not be considered. List below all present and past employment **FOR THE LAST 10 YEARS** beginning with your most recent.

Dates Employed From To Last Salary \$	Job Title: Responsibilities:	Employer: Address: City/State/Zip: Supervisor's Name: Phone Number: Reason for Leaving:
Dates Employed From To Last Salary \$	Job Title: Responsibilities:	Employer: Address: City/State/Zip: Supervisor's Name: Phone Number: Reason for Leaving:
Dates Employed From To Last Salary \$	Job Title: Responsibilities:	Employer: Address: City/State/Zip: Supervisor's Name: Phone Number: Reason for Leaving:
Dates Employed From To Last Salary \$	Job Title: Responsibilities:	Employer: Address: City/State/Zip: Supervisor's Name: Phone Number: Reason for Leaving:

I CERTIFY that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I understand and agree that misstatements or omission of material facts herein may result in disqualification for or dismissal from employment with the Anderson Fire Protection District. You are hereby authorized to make any investigation of my prior education and work history.

_____ Date

_____ Applicant's Signature

The Anderson Fire Protection District is an equal employment opportunity employer and does not discriminate with regard to race, age, color, sex, religion, national origin or disability. The Anderson Fire Protection District will make reasonable accommodations upon request to applicants with disabilities.

PLEASE COMPLETE THE FOLLOWING:

How did you find out about this job? (Check one or more.)

1. Newspaper or Magazine advertisement (Specify which) _____
 2. A job announcement posted at (Specify where) _____
 3. Anderson Fire Protection District's website?
 4. Other (Specify) _____
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The following information is requested by the Federal Government in order to monitor compliance with Federal laws prohibiting discrimination against applicants seeking to participate in the program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. This form will be detached and will be kept separate and confidential.

Do you have a disability? Yes _____ No _____

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Vision Impairment |
| <input type="checkbox"/> Speech | <input type="checkbox"/> Mobility |
| <input type="checkbox"/> Mental | <input type="checkbox"/> Learning |
| <input type="checkbox"/> Other _____ | |
-

Sex: Male _____ Female _____

Age: 17 & under _____ 18-24 _____ 25-39 _____
40-54 _____ 55-64 _____ Over 65 _____

Please select one:

Ethnicity Category: Hispanic or Latino
 Not Hispanic or Latino

Please select one:

Race Category: American Indian or Alaska Native
 Asian
 Black/African American
 Native Hawaiian or Other Pacific Islander
 White/Caucasian
 Two or more races

This is an Equal Opportunity Program. Discrimination is prohibited by Federal law. Complaints of discrimination may be filed with the Secretary of Agriculture, Washington, D.C. 20250.

Applicant's Signature