



Foresthill Fire Protection District

P.O. Box 1099
Foresthill, CA 95631
530-367-2465 Fax 530-367-3498

PRE-EMPLOYMENT APPLICATION

The Foresthill Fire Protection District is an equal opportunity employer

****PLEASE FULLY COMPLETE THE APPLICATION****

ENTER POSITION APPLYING FOR:

NAME: (First) (MI) (Last)

MAILING ADDRESS: CITY: STATE: ZIP:

HOME PHONE: CELL PHONE:

EMAIL ADDRESS:

REFERRED BY: DATE YOU CAN START:

CAN YOU PROVE YOUR U.S. CITIZENSHIP? (Check One) Yes No

IF NOT A U.S. CITIZEN, CAN YOU PROVIDE PROOF OF RIGHT TO WORK IN THE U.S.? Yes No

AGE: Are you over the age of 18? (Proof required if hired) (Check One) Yes No

DO YOU HAVE A VALID DRIVER'S LICENSE? DL Number: State: Class: List Endorsements:
 Yes No

EDUCATION

HIGH SCHOOL (Name, City, State):

TECHNICAL SCHOOL:

TECHNICAL SCHOOL:

COLLEGE / UNIVERSITY (Name, City, State):

DATES ATTENDED: DEGREE, MAJOR:

COLLEGE / UNIVERSITY (Name, City, State):

DATES ATTENDED: DEGREE, MAJOR:

ANY OTHER JOB RELATED TRAINING:

DO YOU POSSES A VALID EMT / CPR CARD? Yes No Exp. Date Cert #

(please turn to next page)

WORK HISTORY (GIVE INFORMATION ABOUT YOUR LAST 3 JOBS, STARTING WITH THE MOST RECENT)

1-EMPLOYER: _____ DATES EMPLOYED: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ ENDING SALARY: _____
TITLE/DUTIES: _____

MANAGER'S NAME AND TITLE: _____
REASON FOR LEAVING: _____

2-EMPLOYER: _____ DATES EMPLOYED: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ ENDING SALARY: _____
TITLE/DUTIES: _____

MANAGER'S NAME AND TITLE: _____
REASON FOR LEAVING: _____

3-EMPLOYER: _____ DATES EMPLOYED: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ ENDING SALARY: _____
TITLE/DUTIES: _____

MANAGER'S NAME AND TITLE: _____
REASON FOR LEAVING: _____

PLEASE READ AND SIGN

I hereby authorize any current or former employers to give any and all information regarding my employment and any other information, whether personal or otherwise, which may or may not be in their records. I also grant permission to the Foresthill Fire Protection District to conduct a background investigation as they deem necessary in conjunction with my employment. I hereby release Foresthill Fire Protection District for all liability for any damages whatsoever that may ensue from furnishing same.

I certify all information shown on this application is true and correct to the best of my knowledge. I agree to submit to a medical examination and a Spirometry Test, and upon employment, to furnish such proof of age and citizenship as may be required. I understand and agree that any misstatements or omissions in material facts on any of the foregoing documents may herein subject me to disqualification or dismissal.

SIGNATURE: _____ DATE: _____