

MAY WE CONTACT YOUR PRESENT EMPLOYER?

Yes No

Begin with your present or most recent employment.

List both paid and volunteer work.

EXPERIENCE			
Dates Employed		Employer	Address
Hours Weekly	Salary	Your Title	Reason for leaving
Supervisor		Duties	
Employers Telephone Number			
Dates Employed		Employer	Address
Hours Weekly	Salary	Your Title	Reason for leaving
Supervisor		Duties	
Employers Telephone Number			
Dates Employed		Employer	Address
Hours Weekly	Salary	Your Title	Reason for leaving
Supervisor		Duties	
Employers Telephone Number			
Dates Employed		Employer	Address
Hours Weekly	Salary	Your Title	Reason for leaving
Supervisor		Duties	
Employers Telephone Number			

I certify that the information contained in this application is correct to the best of my knowledge, and understand that falsification of this application in any detail is grounds for disqualification from further consideration or for dismissal of employment. If hired, I agree to conform to the rules and regulations of my employer. I consent to and authorize the Half Moon Bay Fire Protection District or any and all of its participating agencies, to ask for information concerning me. I further understand that I may be fingerprinted, required to submit to a complete medical examination (including substance abuse test), to a psychological test and to furnish such proof and education as may be directed, or otherwise investigated prior to appointment. I release all parties and persons connected with any requests for information from all claims, liability and damages for whatever reason arising out of furnishing this information.

Date: _____

Signature: _____