Coastside Fire Protection District

1191 Main Street Half Moon Bay, CA 94019 Tel (650) 726-5213 Fax (650) 726-0132

Please complete both sides using typewriter.

Answer all questions completely.

Omissions on your part may result in delay or disqualification.

VOLUNTEER FIREFIGHTER

EMPLOYMENT APPLICATION FOR

(Position for which you are applying)

						11 7 67		
PERSONAL INFORM	ATION							
NAMES (Last, First, Middle)			OTHER NAMES USED (If Any)					
ADDRESS (include street address & P.O. Box, if any)			Driv	vers License	No. STA	ATE	Social Sec. No.	
			TYPE OF EMPLOYMENT DESIRED □ Full Time □ Part Time □ Temporary					
Home Telephone	Work '	Work Telephone			If hired, can you show verification of your legal right to work in the United States of America? Yes No			
Have you ever been convicted of a violation of the law, excluding minor traffic violations? If yes, please explain fully on a separate page.			Can you perform the essential job functions? If no, please explain on a separate page how we can accommodate you.					
CONVICTIONS DO NOT AUTOMATICALLY DISQUALIFY YOU			☐ Yes ☐ No					
Describe fully any job relat can operate or possess as th						s, licensing,	machir	nes or equipment you
				••••••			••••••	
EDUCATION AND T	RAINING	j						
HIGHEST GRADE COMPI High School College 1 1 1 2 2 2 3 3 3 4 4	ETED Graduate 1 2 3 4	NAME A	AND LOC	ATIC	N OF HIGH	I SCHOOL	DID	YOU GRADUATE? Yes No GED
Name and Location of Colle Business, or Trade School(s)	- N.	Dates n: To:	Gradu: Yes	ate No	Degree Received	Units Sem./Qtr.		Major Subjects
							-	

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 N	Number		
Dates Employed		Employer	Address
Hours Weekly	Salary	Your Title	Reason for leaving
Supervisor		Duties	
Employers Telephone N	Number	1	
Dates Employed		Employer	Address
Hours Weekly	Salary	Your Title	Reason for leaving
Supervisor		Duties	
Employers Telephone I	Number		
Dates Employed		Employer	Address
Hours Weekly	Salary	Your Title	Reason for leaving
Supervisor	· · · · · · · · · · · · · · · · · · ·	Duties	
Employers Telephone	Number		
I certify that the informa	ation contained in	this application is correct to the	he best of my knowledge, and understand that

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:	
Date.	Signature.	