

# WILLIAMS FIRE PROTECTION AUTHORITY

P.O. BOX 755-810 E STREET-WILLIAMS, CA 95987

Phone: (530) 473-2269

## EMPLOYMENT APPLICATION

\_\_\_\_\_

Position For Which You Are Applying

### PERSONAL HISTORY

Please type or print clearly in ink

NAME (Last, First, Middle)		SOCIAL SECURITY NUMBER	
ADDRESS (Number, Street, Apt. No.)		DRIVER'S LICENSE	
(City, State and Zip code)		State	No. Exp. Date Class
HOME PHONE ( )		EMAIL ADDRESS	
WORK/OTHER PHONE ( )	If hired, can you show verification of your legal right to work in the United States? Yes No		
Are you related to any person currently working for the Williams Fire Protection Authority or are personal friends with any person currently employed by the Williams Fire Protection Authority? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please provide: NAME: POSITION: RELATIONSHIP:			
Have you ever been convicted of an violation of the law? Exclude minor traffic violations other than drunk and/or reckless driving and any misdemeanor marijuana convictions over two years old. (A conviction is not necessarily a bar to employment, however, failure to list all convictions may result in termination from the examination process or employment.) Yes No If yes, state offense, date, location and disposition of the case:			

### EDUCATION AND TRAINING

HIGHEST GRADE COMPLETED: High School College Graduate 1 2 3 4 1 2 3 4 1 2 3 4	NAME/LOCATION OF HIGH SCHOOL:				DID YOU GRADUATE?			
					YES	NO	GED	
NAME AND LOCATION OF COLLEGE, BUSINESS OR TRADE SCHOOL:	DATES ATTENDED		UNITS COMPLETED		DEGREE AWARDED?		TYPE OF DEGREE	MAJOR SUBJECTS
	From	To	Sem	Qtr	Yes	No		
List current certificates of professional competence, licenses, membership in professional associations:								

ALL APPLICANTS MUST COMPLETE ALL SECTIONS OF THIS APPLICATION

Office Use Only	
Date Application Received	_____
Interview Scheduled	_____
Rejection Letter Sent	_____
Background Completed	_____
Date Applicant Hired	_____

## EMPLOYMENT HISTORY

This section must be completed! Resumes may also be attached to further describe your qualifications. List all employment emphasizing experience directly related to the position for which you are applying. If qualifying experience is part time or voluntary, list the number of hours per week spent doing the work. List all positions you have held and periods of unemployment for at least the past ten years. Include all periods of self employment and U.S. Military Service. List each promotion separately. If additional space is required, use copies of this side of the application or a separate sheet prepared in the same format and attach to the application. *Sign and date any attached sheets.*

Dates Employed: From: To: (mo/yr) (mo/yr)	Employer (Business or Agency Name)	Title of Position	Number of Employees Supervised by You	
Length of Employment: (mo/yr)	Type of Business	Address	City	State
Total Hours Worked Each Week:	Name and Title of Supervisor		Business Phone Number ( )	
Starting Salary:	Your Duties (List Primary Duties First):			
Hr. Wk. Mo.				
Present Salary:				
Hr. Wk. Mo.	Reason for Leaving:			
Dates Employed: From: To: (mo/yr) (mo/yr)	Employer (Business or Agency Name)	Title of Position	Number of Employees Supervised by You	
Length of Employment: (mo/yr)	Type of Business	Address	City	State
Total Hours Worked Each Week:	Name and Title of Supervisor		Business Phone Number ( )	
Starting Salary:	Your Duties (List Primary Duties First):			
Hr. Wk. Mo.				
Present Salary:				
Hr. Wk. Mo.	Reason for Leaving:			
Dates Employed: From: To: (mo/yr) (mo/yr)	Employer (Business or Agency Name)	Title of Position	Number of Employees Supervised by You	
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Total Hours Worked Each Week:	Name and Title of Supervisor		Business Phone Number ( )	
Starting Salary:	Your Duties (List Primary Duties First):			
Hr. Wk. Mo.				
Present Salary:				
Hr. Wk. Mo.	Reason for Leaving:			
Dates Employed: From: To: (mo/yr) (mo/yr)	Employer (Business or Agency Name)	Title of Position	Number of Employees Supervised by You	
Length of Employment: (mo/yr)	Type of Business	Address	City	State
Total Hours Worked Each Week:	Name and Title of Supervisor		Business Phone Number ( )	
Starting Salary:	Your Duties (List Primary Duties First):			
Hr. Wk. Mo.				
Present Salary:				
Hr. Wk. Mo.	Reason for Leaving:			

\* Were you ever discharged or forced to resign from any position?  Yes  No If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

\* I am applying for:  regular full-time work  regular part-time work  temporary/seasonal/holiday work

\* What days and hours are you available to work? \_\_\_\_\_

\* If applying for for temporary work, during what period of time will you be available? From \_\_\_\_\_ To \_\_\_\_\_

\* Are you available to work on weekends?  Yes  No

\* Would you be available to work overtime, if necessary?  Yes  No

\* Many of our customers do not speak English. Do you speak, write or understand any foreign language? If yes, which language?  Yes  No  
\_\_\_\_\_

\* Do you have any other experience, training, qualifications or skills that you feel make you especially suited for work with the Williams Fire Protection Authority? If so, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* Have you ever applied to or worked for the Williams Fire Protection Authority?  Yes  No  
If yes, when? \_\_\_\_\_

\* Why are you applying for work at the Williams Fire Protection Authority? \_\_\_\_\_  
\_\_\_\_\_

\* If hired, do you have a reliable means of transportation to and from work?  Yes  No

\* Are you at least 18 years of age?  Yes  No  
(if under 18, hire is subject to verification that you are of minimum legal age.)

\* If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country.  Yes  No

\* Are you able to perform the essential functions of the job for which you are applying?  Yes  No  
If no, describe the functions that cannot be performed \_\_\_\_\_  
\_\_\_\_\_

(NOTE: The Williams Fire Protection Authority complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)

\* Are you able to perform all other duties of the job for which you are applying?  Yes  No  
If no, describe the functions that cannot be performed \_\_\_\_\_  
\_\_\_\_\_

(NOTE: Hire may be subject to passing a medical examination as well as skill and agility tests.)

\* Have you obtained any special skills or abilities as the result of service in the military?  Yes  No  
If so, please describe \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* If you are applying for a professional position, please answer the following questions:  
Are you licensed or certified for the job applied for:  Yes  No

Name of license/certification \_\_\_\_\_

License/certification number \_\_\_\_\_ Issuing Date \_\_\_\_\_

Has your license/certification ever been revoked or suspended?  Yes  No

If yes, state reason(s), date of revocation or suspension and date of reinstatement \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES**

List three professional references who have knowledge of your work performance within the last three years: (You may attach other references as well.)	
Name _____	Phone Number _____
Address _____	
Occupation _____	Number of Years Acquainted _____
Name _____	Phone Number _____
Address _____	
Occupation _____	Number of Years Acquainted _____
Name _____	Phone Number _____
Address _____	
Occupation _____	Number of Years Acquainted _____

If hired, on what date can you start work? \_\_\_\_\_

Salary desired \_\_\_\_\_

Inquiry may be made of your former employer(s) regarding your performance record or the schools attended to verify degree(s). May we contact your present employer?     Yes     No     Later

\* I hereby certify that I have not knowingly withheld information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery. \_\_\_\_\_

(Initial)

\* I hereby authorize the Williams Fire Protection Authority to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the Williams Fire Protection Authority any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Williams Fire Protection Authority, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure. \_\_\_\_\_

(Initial)

\* I understand that nothing contained in the application, or conveyed during any interview that may be granted or during my employment, if hired, is intended to create an employment contract between the Williams Fire Protection Authority and me. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Williams Fire Protection Authority, and that no promise or representations contrary to the foregoing are binding on the Williams Fire Protection Authority unless made in writing and signed by me and the Authority's designated representative. \_\_\_\_\_

(Initial)

\* I agree to be fingerprinted, to submit to a drug test, to submit to a complete medical exam and furnish such proof of meeting the conditions of employment as may be required. \_\_\_\_\_

(Initial)

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**TO ASSIST IN OUR OUTREACH EFFORTS, PLEASE INDICATE HOW YOU FIRST LEARNED ABOUT THIS JOB OPENING:**

Newspaper (please specify by title) \_\_\_\_\_ Posted Bulletin - where \_\_\_\_\_  
 Other Publication (please specify by title) \_\_\_\_\_ Other (please specify) \_\_\_\_\_

**EQUAL EMPLOYMENT OPPORTUNITY DATA**

To be completed by applicant:

Completion of this form is entirely *voluntary*, and all information will remain confidential and will *not* affect your application for employment. We are required by law to collect this information for equal opportunity employment purposes, and it will *not* become part of your personnel record if this company hires you.

Name: \_\_\_\_\_

Sex:      Male      Female

Race/Ethnicity:      American Indian/Alaskan  
                           Asian/Pacific Islander  
                           Black  
                           Hispanic  
                           White

Government contractors must take affirmative action to employ and advance certain qualified individuals subject to the Rehabilitation Act of 1973 and the Vietnam Era Veterans Readjustment Act of 1974. Completion of the following information is voluntary, and will assist us in proper placement and reasonable accommodation. If you wish to be identified as qualifying for such placement or accomodation, please check where applicable:

Vietnam Era Veteran  
 Disabled Veteran  
 Individual with a Disability

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To be completed by employer:

EEO-1 Category:      1. Officials and managers      6. Crafts - skilled  
                           2. Professionals                    7. Operatives-semi skilled  
                           3. Technicians                    8. Laborers - unskilled  
                           4. Sales                            9. Service workers  
                           5. Office and clerical

Employer information completed by:

Name: \_\_\_\_\_ Date: \_\_\_\_\_