

El Dorado Hills Fire Department
1050 Wilson Blvd.
El Dorado Hills, CA 95762
(916) 933-6623
www.edhfire.com



Application for Employment

Position Applying for:

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or selection process should notify the Fire Chief or a representative of the Human Resources Department.

Name _____
Last First M.I.

Address _____
Street City State Zip

Mailing Address (if different then above) _____

Home Telephone _____ Cell _____ E-mail _____

What is your desired salary range or hourly rate of pay? \$ _____ Per _____

Please check type of employment desired: ☐ Full-time ☐ Firefighter Intern

Do you possess a valid driver's license? (May be required for position) ☐ California ☐ Other ☐ Class

Read fully and answer by checking:

Are you able to perform the essential functions of the position for which you are applying, with or without reasonable accommodation? ☐ Yes ☐ No

Are you legally authorized to work in the United States? ☐ Yes ☐ No

Are you able to meet the attendance requirements of the position, as stated? ☐ Yes ☐ No

Will you work overtime if required? ☐ Yes ☐ No

For Fire Department Use Only
Application Accepted: Yes No

Reason if not: _____

Date Stamp/Initial

Educational Background - (College, Business/Trade School, other)

Education equivalent to completion of the 12th grade? ☐ Yes ☐ No

<u>Name and Location</u>	<u>Quarterly or Semester Units Earned</u>	<u>Degree or Certificate</u>	<u>Year Graduated</u>	<u>Course of Study</u>

Special Skills and Qualifications

<u>Occupational License, Certificate or Registration</u>	<u>Date Issued</u>	<u>Registration Number</u>	<u>Expiration Date</u>

Summarize any special training or skills that may assist you in performing the position for which you are now applying. Include any software programs in which you are proficient.

Software

Typing/Keyboarding Speed WPM

Other

Foreign Language Skills

Are you able to communicate in a foreign language? ☐ Yes ☐ No

Language(s)

U.S. Military Service

If you serve in the U.S. Armed Forces, please complete the following information.

Service Branch

Reserve Status

From

To

Special training received that relates to the job for which you are applying.

Employment History

This section must be completed even if submitting a resume. Starting with your most recent employer, provide the following information for your past three (3) or more employers, assignments or volunteer activities. Attach a separate sheet if necessary. **Do not indicate, 'See Resume.'**

DATES EMPLOYED

From	<input type="text"/>	To	<input type="text"/>	Employer	<input type="text"/>	Immediate Supervisor Telephone #	<input type="text"/>
Job Title	<input type="text"/>			Address	<input type="text"/>		
Immediate Supervisor/Title	<input type="text"/>					Compensation Starting	<input type="text"/>
Summarize the type of work/responsibilities:						Ending	<input type="text"/>
<input type="text"/>							<input type="text"/>
Hours worked per week	<input type="text"/>					<input type="radio"/> Hourly	
Reason for Leaving	<input type="text"/>					<input type="radio"/> Salary	

DATES EMPLOYED

From	<input type="text"/>	To	<input type="text"/>	Employer	<input type="text"/>	Immediate Supervisor Telephone #	<input type="text"/>
Job Title	<input type="text"/>			Address	<input type="text"/>		
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Summarize the type of work/responsibilities:						Ending	<input type="text"/>
<input type="text"/>							<input type="text"/>
Hours worked per week	<input type="text"/>					<input type="radio"/> Hourly	
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From	<input type="text"/>	To	<input type="text"/>	Employer	<input type="text"/>	Immediate Supervisor Telephone #	<input type="text"/>
Job Title	<input type="text"/>			Address	<input type="text"/>		
Immediate Supervisor/Title	<input type="text"/>					Compensation Starting	<input type="text"/>
Summarize the type of work/responsibilities:						Ending	<input type="text"/>
<input type="text"/>							<input type="text"/>
Hours worked per week	<input type="text"/>					<input type="radio"/> Hourly	
Reason for Leaving	<input type="text"/>					<input type="radio"/> Salary	

References

List four professional and/or character references who are not previous supervisors and who are not related to you.

(Enter Numeric Numbers Only. No spaces)

Name & Relationship	Telephone #	# Years Known
Name & Relationship	Telephone #	# Years Known
Name & Relationship	Telephone #	# Years Known
Name & Relationship	Telephone #	# Years Known

Please tell us how you found out about this position?

Newspaper (which one):	Website (address):
Recruitment Flyer (location):	Dept. Employee (name):
Other (please specify):	

Applicant Statement

I hereby certify that I have not knowingly withheld any 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 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 lapse before discovery.

I hereby authorize El Dorado Hills Fire Department to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and authorize the references I have listed to disclose to the District 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 District, 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.

I understand employment may be offered after an evaluation of a background investigation, which will include employment history, references, criminal and motor vehicle records. I understand employment may be offered contingent upon an acceptable report from the El Dorado Hills Fire Department's doctor(s) after a preplacement physical examination, which will include a drug screen. I understand that upon starting for work, I will be required to certify eligibility for employment under the guidelines of the Immigration Control Act of 1986 by completion of U.S. Department of Justice Form I-9. I further understand that the El Dorado Hills Fire Department does not guarantee employment for any specified period of time nor does it imply any eligibility for promotional opportunities with an offer of employment.

I understand that the El Dorado Hills Fire Department does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by local, state or federal law.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature

Date

*Please print, date and sign. Send original job application to
El Dorado Hills Fire Department, 1050 Wilson Blvd., El Dorado Hills, CA 95762
Attn: Program Manager*