



PO BOX 213
 DUNNIGAN, CA 05937
 PH: (530) 724-3515
 FAX: (530) 724-3511

EMPLOYMENT APPLICATION

EQUAL OPPORTUNITY EMPLOYER

1. NAME

 Last Name First Name Middle Name

2. POSITION APPLIED FOR:

 Give Exact Title Shown on Announcement

3. MAILING ADDRESS

 Number Street City State Zip

4. PHONE

 Home Work Message Email Address

5. VALID CALIFORNIA DRIVER'S LICENSE

 Number State Class Endorsements

5a. ANY VEHICLE CODE VIOLATION WITHIN THE LAST 5 YEARS: Y N IF YES PLEASE EXPLAIN

6. Have you ever been convicted, pled guilty or no contest to any criminal offense? Yes _____ No _____
 If yes, please note below the date and place of each offense, the specific charge, the date and place of conviction, or plea, the fine or sentence received. You may omit any offense for which the only punishment imposed was a fine of less than \$50. **Any offense for which you were convicted for which the punishment imposed was a fine in excess of \$50, which required serving a jail or prison sentence, or which required probation, MUST be reported.** (A criminal record does not necessarily mean that the District cannot hire you. Each case is given individual consideration, based on the job for which you are applying.)

7. Can you perform the essential functions of this position with or without reasonable accommodations? Yes ___ No ___

8. Have you ever been discharged, rejected during probation, or resigned under pressure or unfavorable circumstances from any job or employment within the last ten years? Yes ___ No ___ If yes, please explain. _____

9. List any relatives who are volunteers or employees of the District. _____

10. From which source did you learn of this position? _____

11. Can you provide the documentation necessary to prove your identity and authorization to work? Yes ___ No ___

EDUCATION		
In space below, give a complete outline of your education and training.		
Circle highest grade completed	Name and location of last High School attended	Did you graduate?
1 2 3 4 5 6 7 8 9 10 11 12		Yes ___ No ___

Describe fully below any business, trade school, or college education.

Name and location of Schools	Degree or description of courses, hours of credit	graduate?
		Yes ___ No___
		Yes ___ No___
		Yes ___ No___
Please list any professional licenses or certificates and Issuing Agency and Number		

Complete this section even if you attach a résumé.

EXPERIENCE: List all jobs you have held in the LAST TEN YEARS. **PUT YOUR PRESENT OR MOST RECENT JOB FIRST.** If you need more space, attach additional sheets.

Employer: _____ Supervisor's Phone: _____

Address: _____
Number Street City State Zip

Supervisor Name: _____ May we contact this employer? Yes ___ No ___

Position Title: _____ Employed from _____ to _____ Last rate of pay: _____

Duties and Responsibilities: _____

Reason for leaving (be specific): _____

Employer: _____ Supervisor's Phone: _____

Address: _____
Number Street City State Zip

Supervisor Name: _____ May we contact this employer? Yes ___ No ___

Position Title: _____ Employed from _____ to _____ Last rate of pay: _____

Duties and Responsibilities: _____

Reason for leaving (be specific): _____

Employer: _____ Supervisor's Phone: _____

Address: _____
Number Street City State Zip

Supervisor Name: _____ May we contact this employer? Yes ___ No ___

Position Title: _____ Employed from _____ to _____ Last rate of pay: _____

Duties and Responsibilities: _____

Reason for leaving (be specific): _____

INFORMATION

1. The Dunnigan Fire Protection District (the District) accepts and considers applications for eligibility lists or vacant positions only. Your completed application must be received by the final filing date and time as specified on the job announcement. Postmarks are not accepted.
2. Applicants will be notified of their status at the end of the recruitment process.
3. Complete all sections. Incomplete or illegible applications will not be considered.
4. Reasonable testing arrangements may be made to accommodate candidates with disabilities if a minimum of one week notice is given to the District.
5. Applicants selected for regular classified District appointment must successfully complete and pass a background investigation including, but not limited to, a medical examination and a drug/alcohol test.

CERTIFICATION: I hereby certify that all statements made on this application and any attachments are true and complete to the best of my knowledge. I understand that any false, incomplete or incorrect statement may result in my disqualification from the examination process or dismissal from employment with the Dunnigan Fire Protection District (the District). I authorize the District to investigate my references, work record, education, or any matters relating to my suitability for employment. I authorize my former or current employers and educational institutions to release any information they may have concerning my employment or education, to the District. I hereby give permission to the employer to seek to verify and supplement the information set forth in the application and I release from all liability, damages, or legal claims every person seeking or providing information, whether oral and written. A photocopy of this release shall be as valid as the original, and may be relied upon by all persons providing information. I further agree that if the District is required to defend itself against any claim due to my breach of any provision in this Certification, then I shall pay for the District's reasonable attorneys' fees. I also authorize the District to obtain and review any documents or records, including driving records, which are applicable to my employment.

Signature of Applicant (Sign in Ink)

Date Signed