



# MI-WUK/SUGAR PINE FIRE PROTECTION DISTRICT

*"Providing Quality Emergency Response And Fire Protection For The Public"*

## APPLICATION FOR EMPLOYMENT

Agency: Mi-Wuk Sugar Pine Fire Prot. Dist. Position: \_\_\_\_\_

IF VETERAN'S PREFERENCE IS INDICATED ON THE ANNOUNCEMENT, APPLICANTS MUST ATTACH DD214 OR OTHER DOCUMENTARY EVIDENCE TO THIS APPLICATION TO ESTABLISH ELIGIBILITY.

|  |  |
|--|--|
| SOCIAL SECURITY NO.: _____ / _____ / _____ | Use of your Social Security Number is <b>voluntary</b> . Social Security Numbers are used for identification purposes only. If you do not wish to use your Social Security Number we will assign you an identification number for application purposes only. |
|--|--|

|  |                      |             |                      |      |       |     |
|--|----------------------|-------------|----------------------|------|-------|-----|
| LEGAL NAME (Please Print):                                     | _____                | _____       | _____                |      |       |     |
|  | Last                 | First       | Middle               |      |       |     |
| If you have worked under another name(s), list it (them) here: | _____                | _____       | _____                |      |       |     |
|  | _____                | _____       | _____                |      |       |     |
| ADDRESS:   | _____                | _____       | _____                |      |       |     |
|  | No.                  | Street      | Apt                  | City | State | Zip |
| MAILING ADDRESS (if different from above):                     | _____                |             |                      |      |       |     |
| EMAIL ADDRESS:   | _____                |             |                      |      |       |     |
| HOME PHONE:  | (____) _____ - _____ | BUS. PHONE: | (____) _____ - _____ |      |       |     |

|   |                                     |
|---|-------------------------------------|
| +ARE YOU RELATED TO ANY AGENCY EMPLOYEE? _____ YES _____ NO | <b>COMPLETE ONLY IF JOB RELATED</b> |
| NAME OF RELATIVE: _____                                     |                                     |
| RELATIONSHIP: _____   |                                     |
| Driver License No.: _____                                   |                                     |
| State: _____  |                                     |
| Expiration Date: _____                                      |                                     |
| Class: _____  |                                     |
| Restrictions: _____   |                                     |
| Endorsements: _____   |                                     |
| _____   |                                     |
| _____   |                                     |

|   |                                       |
|---|---------------------------------------|
| ARE YOU CURRENTLY EMPLOYED BY THIS AGENCY? _____ YES _____ NO | WHAT IS YOUR CURRENT JOB TITLE: _____ |
|---|---------------------------------------|

| EDUCATION   |                    |                   |       |                 |
|---|--------------------|-------------------|-------|-----------------|
| HIGH SCHOOL AND ADDRESS:  |                    |                   |       |                 |
|   | NO. CREDITS EARNED | SEM OR QTR SYSTEM | MAJOR | DEGREE RECEIVED |
| COLLEGE AND ADDRESS   |                    |                   |       |                 |
| COLLEGE AND ADDRESS   |                    |                   |       |                 |
| COLLEGE AND ADDRESS   |                    |                   |       |                 |
| COLLEGE AND ADDRESS   |                    |                   |       |                 |
| LIST ANY PROFESSIONAL LICENSE, CERTIFICATE, OR CREDENTIAL: TYPE / ISSUE DATE / EXPIRATION DATE: |                    |                   |       |                 |

|  |   |
|--|---|
| <p>HAVE YOU EVER BEEN DISMISSED, RESIGNED IN LIEU OF DISMISSAL, OR FORCED TO RESIGN FROM A POSITION? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If yes, explain: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> | <p>ARE YOU LEGALLY PERMITTED TO WORK IN THE UNITED STATES OF AMERICA? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>  |
| <p>WHILE IN THE MILITARY SERVICE WERE YOU EVER CONVICTED BY A GENERAL COURT MARTIAL? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If yes, explain: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>                 | <p>YOU WILL BE REQUIRED TO SUBMIT VERIFICATION OF THE LEGAL RIGHT TO WORK IN THE UNITED STATES OF AMERICA WITHIN THREE (3) BUSINESS DAYS BEGINNING WITH YOUR FIRST DAY OF WORK. IN ACCORDANCE WITH THE IMMIGRATION REFORM AND CONTROL ACT OF 1986, THE AGENCY IS LEGALLY PROHIBITED FROM EMPLOYING ANYONE WHO CANNOT PROVIDE SUCH VERIFICATION.</p> |

**WORK EXPERIENCE:** MAY WE CONTACT YOUR PRESENT EMPLOYER?  YES  NO IF "NO" EXPLAIN: \_\_\_\_\_

**BEGINNING WITH YOUR MOST RECENT JOB**, list all jobs during the last ten years, regardless of duration, including part-time jobs, military service and any periods of unemployment. Also list volunteer experience and jobs held more than ten years ago which relate to the job for which you are applying. List each job separately. Please note: Incomplete information may delay the processing of your application and/or result in disqualification.

| DATES              | EMPLOYERS                    | DUTIES  |
|--------------------|------------------------------|---|
| MONTH & YEAR       | NAME OF EMPLOYER:            | YOUR TITLE:   |
| FROM: ____/____    | ADDRESS:                     | DUTIES PERFORMED:<br>_____<br>_____<br>_____<br>_____ |
| TO: ____/____      | CITY, STATE, ZIP             |   |
| TOTAL MOS. WORKED: | IMMEDIATE SUPERVISOR'S NAME: |   |
| HOURS PER WEEK:    | MONTHLY SALARY: \$ _____     |   |

**(make additional copies of this page as necessary)**

| <b>DATES</b>       | <b>EMPLOYERS</b>             | <b>DUTIES</b>             |
|--------------------|------------------------------|---------------------------|
| MONTH & YEAR       | NAME OF EMPLOYER:            | YOUR TITLE:               |
| FROM: ____/____    | ADDRESS:                     | DUTIES PERFORMED:         |
| TO: ____/____      | CITY, STATE, ZIP             | _____                     |
| TOTAL MOS. WORKED: | IMMEDIATE SUPERVISOR'S NAME: | _____                     |
| HOURS PER WEEK:    | MONTHLY SALARY:              | REASON FOR LEAVING: _____ |
|                    | \$ _____                     |                           |

| <b>DATES</b>       | <b>EMPLOYERS</b>             | <b>DUTIES</b>             |
|--------------------|------------------------------|---------------------------|
| MONTH & YEAR       | NAME OF EMPLOYER:            | YOUR TITLE:               |
| FROM: ____/____    | ADDRESS:                     | DUTIES PERFORMED:         |
| TO: ____/____      | CITY, STATE, ZIP             | _____                     |
| TOTAL MOS. WORKED: | IMMEDIATE SUPERVISOR'S NAME: | _____                     |
| HOURS PER WEEK:    | MONTHLY SALARY:              | REASON FOR LEAVING: _____ |
|                    | \$ _____                     |                           |

| <b>DATES</b>       | <b>EMPLOYERS</b>             | <b>DUTIES</b>             |
|--------------------|------------------------------|---------------------------|
| MONTH & YEAR       | NAME OF EMPLOYER:            | YOUR TITLE:               |
| FROM: ____/____    | ADDRESS:                     | DUTIES PERFORMED:         |
| TO: ____/____      | CITY, STATE, ZIP             | _____                     |
| TOTAL MOS. WORKED: | IMMEDIATE SUPERVISOR'S NAME: | _____                     |
| HOURS PER WEEK:    | MONTHLY SALARY:              | REASON FOR LEAVING: _____ |
|                    | \$ _____                     |                           |

| <b>DATES</b>       | <b>EMPLOYERS</b>             | <b>DUTIES</b>             |
|--------------------|------------------------------|---------------------------|
| MONTH & YEAR       | NAME OF EMPLOYER:            | YOUR TITLE:               |
| FROM: ____/____    | ADDRESS:                     | DUTIES PERFORMED:         |
| TO: ____/____      | CITY, STATE, ZIP             | _____                     |
| TOTAL MOS. WORKED: | IMMEDIATE SUPERVISOR'S NAME: | _____                     |
| HOURS PER WEEK:    | MONTHLY SALARY:              | REASON FOR LEAVING: _____ |
|                    | \$ _____                     |                           |

| <b>DATES</b>       | <b>EMPLOYERS</b>             | <b>DUTIES</b>             |
|--------------------|------------------------------|---------------------------|
| MONTH & YEAR       | NAME OF EMPLOYER:            | YOUR TITLE:               |
| FROM: ____/____    | ADDRESS:                     | DUTIES PERFORMED:         |
| TO: ____/____      | CITY, STATE, ZIP             | _____                     |
| TOTAL MOS. WORKED: | IMMEDIATE SUPERVISOR'S NAME: | _____                     |
| HOURS PER WEEK:    | MONTHLY SALARY:              | REASON FOR LEAVING: _____ |
|                    | \$ _____                     |                           |

PLEASE CHECK whether there is any issue(s) / incident(s) which occurred during your current or former employment that you think may impact this agency's decision to hire you.

\_\_\_\_\_ Yes. There is an issue(s) / incident(s) that may impact this agency's hiring decision (if checked, explain more fully below or in an attachment).

\_\_\_\_\_ No. There is no issue(s) / incident(s) that may impact this agency's hiring decision.

PLEASE TAKE NOTICE that if you do not disclose an issue(s) / incident(s), and this agency later discovers you did not disclose such issue, then this agency MAY REJECT YOUR APPLICATION if the agency believes that the issue / incident should have been disclosed.

Please explain any "Yes" response from above:

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**CERTIFICATION: PLEASE READ BEFORE SIGNING  
IF NOT SIGNED, THIS APPLICATION MAY BE REJECTED**

I certify under penalty of perjury that the information I entered on this application is true and complete to the best of my knowledge.

I understand that the agency may reject my application if it discovers an issue(s) / incident(s) which occurred during my current or former employment, and I did not disclose such on this job application. I also understand that any false, incomplete, misleading, or incorrect statements may result in my disqualification from the application process or dismissal from employment with this agency.

This application consists of \_\_\_\_\_ pages in total.

\_\_\_\_\_  
Applicant's Signature (black or blue ink only)

\_\_\_\_\_  
Date Signed