

Riverside Fire District

Application for Employment

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	Zip	
Phone	E-mail Address		
How long have you lived there	Social Security No.		
Position Applied for	Please circle: EMT Firefighter Both		
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES NO
Have you ever worked for Fire or EMS?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

WORK EXPERIENCE

Please provide a complete description. This information will be used to determine if your application is accepted. BE SPECIFIC. Start with your most recent job. For part-time work, show the average number of hours per month. Indicate any changes in job title under same employer as a separate position.

Employer		
Street Address, City, State, Zip Code		
Your Title	Name of Supervisor	Employer's Phone #
Job Duties	Hours Worked Per Week	
	Worked From (Month & Year) _____ / _____ Worked To (Month & Year) _____ / _____	
	Reason For Leaving	
	May we contact for a reference? Circle: Yes No	

Employer		
Street Address, City, State, Zip Code		
Your Title	Name of Supervisor	Employer's Phone #
Job Duties	Hours Worked Per Week	
	Worked From (Month & Year) _____ / _____ Worked To (Month & Year) _____ / _____	
	Reason For Leaving	
	May we contact for a reference? Circle: Yes No	

Employer		
Street Address, City, State, Zip Code		
Your Title	Name of Supervisor	Employer's Phone #
Job Duties	Hours Worked Per Week	
	Worked From (Month & Year) _____ / _____ Worked To (Month & Year) _____ / _____	
	Reason For Leaving	
	May we contact for a reference? Circle: Yes No	

EDUCATION AND TRAINING

Circle the highest grade or year completed in school 1 2 3 4 5 6 7 8 9 10 11 12	Do you have a High School Diploma or a GED Equivalency? Circle: YES NO	Name and Location of High School
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Training beyond High School (College or University, Nursing, Business College, or other schools you have attended)	Circle the number of years in College or University 1 2 3 4 5 6 7 8
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Name and Location	Dates Attended To and From		Major Course of Study	GPA/ Base	Degree & Year Graduated

Describe any education or training you have had which is not covered above, such as vocational school, correspondence courses, service schools, in-service training, volunteer work, life experiences, extracurricular activities, and any other experiences which you feel are relevant to the job or jobs for which you are applying. Please specify length of time spent on these. Also include relevant licenses or certificates. BE SPECIFIC. Feel free to attach documentation.

REFERENCES
Please list references (not relatives) to contact who have knowledge of your qualifications

Name	Title / Occupation	Company / Address	Telephone #

READ THE FOLLOWING CAREFULLY BEFORE SIGNING

I authorize you, at the time of my application for employment or during the course of my employment, to obtain from any source regarding my education, experience, competence, or character or medical history, as it relates to the position for which I applied or in which I may be employed unless otherwise stated. I certify that the information contained in this application is true, complete, and correct to the best of my knowledge and belief. I understand that any falsification or omission of information may cause my immediate dismissal or rejection of this application. I agree that all statements made in this application may be investigated.

_____ Signature

_____ Date