



APPLE VALLEY FIRE PROTECTION DISTRICT

22400 Headquarters Drive, Apple Valley, CA 92307

(760) 247-7618

An Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

"A Commitment to Service Excellence"

OFFICIAL USE ONLY

Received By: _____

Date: _____

Resume Yes No

Exact Title of Position Applying For _____

GENERAL INSTRUCTIONS: Print legibly or type. Answer all questions accurately and completely. Complete all sections even if submitting a resume. False or incomplete statements are cause for rejection of application. Do not staple documents to this application. Any additional materials for submittal should be inserted with application; additional materials cannot be returned. Notify us of change of address, phone number or present employer.

Last Name _____ First Name _____ Middle Name _____

Street Address _____ City _____ State _____ Zip _____

Mailing Address (if different from above) _____

Telephone: Home _____ Cell _____ Email _____

Driver's License No.: _____ State _____ Class _____ Endorsements _____ Exp. Date _____

Social Security Number (this is voluntary until appointed) _____

Are you now, or have you ever been a member of the California Public Employees Retirement System (PERS)? Yes No

Are you a U.S. Citizen? Yes No If not, do you have legal proof of the right to remain and work in the U.S.? Yes No

EDUCATION AND TRAINING

Highest Grade Completed	Last High School Attended		City/State	Did you graduate?		GED?		
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
College or University / Location	From Mo./Yr.	To Mo./Yr.	Did you graduate?	Date Graduated	Title of Degree	Major Subjects	Units Completed	
							Sem.	Qtr.

Use this space to list any other special skills, certifications, licenses and/or professional memberships which may assist evaluation of qualifications (including expiration dates of special licenses/certificates).

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Meets min. qualifications Yes No*

Application accepted? Yes No*

Physical Agility Score: _____

Written Test Score: _____

Assessment Center Score: _____

Oral Board Score: _____

*Comments:

EMPLOYMENT EXPERIENCE

INSTRUCTIONS: Beginning with your present employer, list all positions you have held in the last 10 years. List any changes of titles and/or positions including promotions within an organization. Resumes may be included but WILL NOT be accepted in lieu of complete application responses. This page may be copied, completed and included with application if additional space is needed.

Name of Employer: _____ Type of Business: _____
Address: _____ City, State, Zip _____
Employer Phone: _____ Supervisor's Name: _____
Start Date: ____/____/____ End Date: ____/____/____ Full Time Part Time
(Month/Year) (Month/Year)

Title of Your Position: _____
Duties: _____

Reason for Leaving: _____

Name of Employer: _____ Type of Business: _____
Address: _____ City, State, Zip _____
Employer Phone: _____ Supervisor's Name: _____
Start Date: ____/____/____ End Date: ____/____/____ Full Time Part Time
(Month/Year) (Month/Year)

Title of Your Position: _____
Duties: _____

Reason for Leaving: _____

Name of Employer: _____ Type of Business: _____
Address: _____ City, State, Zip _____
Employer Phone: _____ Supervisor's Name: _____
Start Date: ____/____/____ End Date: ____/____/____ Full Time Part Time
(Month/Year) (Month/Year)

Title of Your Position: _____
Duties: _____

Reason for Leaving: _____

Name of Employer: _____ Type of Business: _____
Address: _____ City, State, Zip _____
Employer Phone: _____ Supervisor's Name: _____
Start Date: / End Date: / _____ Full Time Part Time
(Month/Year) (Month/Year)

Title of Your Position: _____
Duties:

Reason for Leaving: _____

Name of Employer: _____ Type of Business: _____
Address: _____ City, State, Zip _____
Employer Phone: _____ Supervisor's Name: _____
Start Date: / End Date: / Ending Salary: \$ _____ Full Time Part Time
(Month/Year) (Month/Year)

Title of Your Position: _____
Duties:

Reason for Leaving: _____

Name of Employer: _____ Type of Business: _____
Address: _____ City, State, Zip _____
Employer Phone: _____ Supervisor's Name: _____
Start Date: / End Date: / _____ Full Time Part Time
(Month/Year) (Month/Year)

Title of Your Position: _____
Duties:

Reason for Leaving: _____

INSTRUCTIONS: answer all the following questions completely. You may include additional answer sheets if more space is necessary.

1. List professional, trade, business or civic activities, and offices held which relate to the position for which you are applying. You may exclude those that indicate race, color, religion, sex or national origin.

2. Are you related to anyone currently working for the Apple Valley Fire Protection District? Yes No

Name	Position/Rank	Relationship
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3. Have you ever been discharged, or resigned in lieu of discharge, from any employment? Yes No If yes, explain:

4. Have you ever been employed by the Apple Valley Fire Protection District in any capacity? Yes No If yes, list dates of employment, position title and supervisor's name.

5. Do you have any objection to the Fire District contacting your CURRENT employer to verify the information you included with this application? Yes No If yes, please explain:

6. Do you have any objection to the Fire District contacting your previous employers to verify the information you included with this application? Yes No If yes, please explain:

7. Have you ever been employed under another name? Yes No If yes, please indicate other name(s), date used and employer.

CERTIFICATION OF APPLICANT – Please Read Carefully Before Signing

I certify that all statements made in the application are true and complete to the best of my knowledge. I understand that any false statements, misrepresentations, omissions of material facts, or receipt of unsatisfactory references shall be cause for rejections of my application, bar from employment, or dismissal of employment. I understand and agree that my employment is contingent upon meeting the Fire District's physical requirements and I agree to submit to a physical examination if an offer of employment is rendered. I understand that the Fire District makes reasonable accommodations for persons with disabilities. I further agree to submit to fingerprinting and to furnish proof of citizenship or eligibility to legally work in the United States, and driving record printouts as may be directed. I understand and agree that if employed by the Fire District, my employment is on a probationary basis for at least one year and that I may be discharged at any time therein without the right of appeal. I am aware of and understand that individuals with disabilities who require accommodation in the application or testing process must provide to the Fire District, at the time of application, documents from a qualified medical authority of the need for accommodations.

Print Full Name

Signature (Required for application to be considered)

Date