



WATERLOO-MORADA FIRE DISTRICT EMPLOYMENT APPLICATION

Date: _____

PERSONAL INFORMATION:

Please print or Type all information.

Social Security Number: XXX - XX - _____

Date of Birth: _____
Month / Day / Year

Position Applying For; _____

Applicant Full Name:

| | | |
|-------------|--------------|---------------|
| Last | First | Middle |
|-------------|--------------|---------------|

| | | | |
|------------------------|-------------|--------------|------------|
| Current Address | City | State | Zip |
|------------------------|-------------|--------------|------------|

| | | | |
|--|-------------|--------------|------------|
| Mailing Address (If Applicable) | City | State | Zip |
|--|-------------|--------------|------------|

| | | |
|------------------------------|----------------------|-------------------|
| Primary Contact Phone | Message Phone | Work Phone |
|------------------------------|----------------------|-------------------|

Check Yes or No to each of the following questions. Attach additional sheet(s) if needed.

Yes No

Are you over 18 years of age?
 Do you have a valid California driver's license?
 Class: _____ Number: _____ Expiration Date: _____

Are you a US Citizen?
 If You are not a US Citizen, Can you provide proof that you can legally work in the United States?
(Proof of the legal right to work in the United States will be require)

Can you, with or without accommodation, perform all of the essential functions of the position applied for?

| |
|-------------------------------------|
| For Office Use Only |
| _____ Date Application Received: |



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EDUCATION AND TRAINING:

(Attach Additional Sheet(s) If Needed)

Yes No

- Do you possess a current CPR card?
- Do you have an OSFM Firefighter I certification?
- Are you accredited in San Joaquin County as an EMT or Paramedic?

—

Name and location of schools (high school, college, trade, business or correspondence)

| Name of School | Location of School City / State | Graduate? | Certificate/Degree Obtained |
|----------------|------------------------------------|-----------|-----------------------------|
| | | | |
| | | | |
| | | | |

Special Training:

List any training you have had which may help to qualify you for the position for which you are applying. Include trade, vocational, military, etc. Indicate type of training, where acquired, dates and whether you completed it successfully.

Licenses/Certificates (Attach Additional Sheet(s) If Needed)

List any licenses or certificates you have which may help to qualify you for the position for which you are applying. Include driver's license, professional certificates, etc.

| Title | State | Number | Issue Date | Exp. Date |
|-------|-------|--------|------------|-----------|
| | | | | |

List languages which you can fluently:

| | | | |
|---------------|--|--|--|
| Speak: | | | |
| Read: | | | |
| Write: | | | |



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Employment History:

List all paid and related voluntary experience, starting with your most recent job. List different jobs / positions with the same employer separately. If you need additional space, attach a photocopy of this page or an additional sheet of paper and include answers to all of the questions asked on this application about each job experience. A resume will not be accepted in place of this section.

IMPORTANT: Check box () next to Employer Name if the job gave you specific experience in the position for which you are applying.

| | | |
|--|--------------------------|---|
| Dates of Employment From: _____ MM/YY To: _____ MM/YY Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Hours Per Week _____ May we contact this employer? Yes: <input type="checkbox"/> No: <input type="checkbox"/> | <input type="checkbox"/> | Employer Name: _____ Phone #: _____ Address: _____ Supervisor's Name: _____ Title: _____ Your Title: _____ Describe Your Duties: _____ _____ Reason for Leaving: _____ _____ |
|--|--------------------------|---|

| | | |
|--|--------------------------|---|
| Dates of Employment From: _____ MM/YY To: _____ MM/YY Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Hours Per Week _____ May we contact this employer? Yes: <input type="checkbox"/> No: <input type="checkbox"/> | <input type="checkbox"/> | Employer Name: _____ Phone #: _____ Address: _____ Supervisor's Name: _____ Title: _____ Your Title: _____ Describe Your Duties: _____ _____ Reason for Leaving: _____ _____ |
|--|--------------------------|---|

| | | |
|--|--------------------------|---|
| Dates of Employment From: _____ MM/YY To: _____ MM/YY Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Hours Per Week _____ May we contact this employer? Yes: <input type="checkbox"/> No: <input type="checkbox"/> | <input type="checkbox"/> | Employer Name: _____ Phone #: _____ Address: _____ Supervisor's Name: _____ Title: _____ Your Title: _____ Describe Your Duties: _____ _____ Reason for Leaving: _____ _____ |
|--|--------------------------|---|



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Dates of Employment Employer Name: _____ Phone #: _____
From: _____ Address: _____
MM/YY
Supervisor's Name: _____ Title: _____
To: _____ Your Title: _____
MM/YY
Describe Your Duties: _____
Full Time Part Time
Hours Per Week _____
May we contact this employer? Reason for Leaving: _____
Yes: No:

Dates of Employment Employer Name: _____ Phone #: _____
From: _____ Address: _____
MM/YY
Supervisor's Name: _____ Title: _____
To: _____ Your Title: _____
MM/YY
Describe Your Duties: _____
Full Time Part Time
Hours Per Week _____
May we contact this employer? Reason for Leaving: _____
Yes: No:

Dates of Employment Employer Name: _____ Phone #: _____
From: _____ Address: _____
MM/YY
Supervisor's Name: _____ Title: _____
To: _____ Your Title: _____
MM/YY
Describe Your Duties: _____
Full Time Part Time
Hours Per Week _____
May we contact this employer? Reason for Leaving: _____
Yes: No:



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Please read before signing:

I declare under penalty of perjury that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief. I understand statements made are subject to verification and that any misrepresentation, fraud, or omission of material facts may be grounds to deny Waterloo Morada Fire District employment, or for disciplinary action including dismissal after employment.

Unless otherwise indicated on this application, I hereby authorize designated representatives of my current and former employers to respond to verbal or written inquiries and to release information about my employment with their respective organizations, including information based on the materials in my personnel file, to authorized representatives of the Waterloo Morada Fire Protection District.

I do hereby agree to release, save, defend, and hold harmless my current and former employers and/or their officers, employees, and agents from any claims arising from the release of such employment information.

Applicant Name: _____
(Print Full Name)

Applicant Signature: _____ **Date:** _____
(Full Signature) (Signature Date)



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AUTHORIZATION FOR RELEASE OF INFORMATION

TO: _____
(Employer Name)

(Employer Mailing Address)

(City, State Zip Code)

(Employer Phone Number)

FROM: _____
(Print Full Name of Applicant)

RE: CONSENT TO RELEASE EMPLOYMENT INFORMATION

I, _____, do hereby consent to your release of information relating to my employment with your organization, including information, documents and materials contained in my personnel file to authorized representatives of the Waterloo Morada Fire District.

I further consent to you or your designated representative, employees, officers or agents to respond to verbal or written inquiries from authorized representatives of the Waterloo Morada Fire District regarding my employment.

I do hereby release, discharge, exonerate and hold harmless all my former and current employers listed, their representative, employees, officers or agents and any person furnishing information from any and all liability of every nature and kind arising out of the furnishing and inspection of such documents and records and release of any verbal or written employment information. This release shall be binding on my legal representative, heirs and assigns.

This waiver shall remain valid for 18 months from the date of signature.

Applicant Signature: _____
(Full Signature)

Date: _____