

NAME (Last)

POSITION APPLYING FOR: __

RANCHO SANTA FE FIRE PROTECTION DISTRICT

Employment Application

We consider applicants for all positions without regard to race, color, politics, religion, sex, national origin, ancestry, age, sexual orientation marital or veteran status, presence of a disability, or any other legally protected status. Avoid any reference to the above, or response, which would allude to the above. Qualified individuals with disabilities are responsible for informing the Authority at least seven (7) days prior to the final filing date if assistance is needed in completing this application. Resumes may be attached, but they will not be accepted in lieu of this application. Complete the application in its entirety. Omissions may result in a delay or disqualification. Please return application to:

Rancho Santa Fe Fire Protection District, Attn: Personnel, P.O. Box 410, Rancho Santa Fe, CA 92067-0410

PERSONAL INFORMATION

NAME (Middle)

NAME (First)

| ADDRESS (Street) | (City) | | (State) | (Zip + 4) | | | | | | |
|---|-------------------------------|------------------------------|--------------------------|-----------|----|--|--|--|--|--|
| EMAIL ADDRESS | | 18 years of age | 18 years of age or over? | | | | | | | |
| | | | YES | NO | | | | | | |
| TELEPHONE (Home) | TELEPHONE | TELEPHONE (daytime) | | | | | | | | |
| SOCIAL SECURITY NO. (To obta | in certain education and/or | training records) | | | | | | | | |
| DRIVER'S LICENSE NO. | | STATE | EXPIRATION | ATION | | | | | | |
| | | | | | | | | | | |
| | | R THE FOLLOWING | QUESTIONS | *YES | NO | | | | | |
| Have you ever been employed be a second of the second | y Rancho Santa Fe Fire Prot | tection District? | | | | | | | | |
| * If YES, please explain: | | | | | | | | | | |
| | | | | | | | | | | |
| 2. Are you related to any employed | e of Rancho Santa Fe Fire Pr | rotection District? | | | | | | | | |
| * If YES, please explain: | | | | | | | | | | |
| 3. Are you able to perform the job | related functions of the posi | tion you are applying for? | | | | | | | | |
| * If NO, please explain: | | | | | | | | | | |
| ii i vo, pieuse enpium | | | | | | | | | | |
| 4. Have you ever been denied perm | nanent employment, discharg | ged or forced to resign from | m any position? | | | | | | | |
| * If YES, please explain: | | | | | | | | | | |
| | | | | | | | | | | |
| 5. If hired, can you show verificati | on of your legal right to wor | k in the United States of A | America? | | | | | | | |
| * If YES, please explain: | | | | | | | | | | |
| | | | | | | | | | | |

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SUPERVISOR'S NAME

| | | EDU | CATION | AND TR | AINING | | | | |
|--|-------------------------------------|---------------|--------------------|---------------------------------|----------------|--|----------------------|--|--|
| | HIGHEST (| GRADE CO | MPLETED | | | | DID YOU GRADUATE? | | |
| High School Colleg | | | | Graduate | | | YES NO GED | | |
| 1 2 3 4 | 1 2 | 3 | 4 | 1 | 2 3 | 4 | | | |
| NAME AND LOCATION OF HIG | SH SCHOOL: | : | | | | | | | |
| NAME AND LOCATION OF COLLEGE, BUSINESS OR TRADE SCHOOL FROM | | | ATES : TO: | GRADUATE UNIT YES NO SEM / Q | | | | | |
| 1. | | | | | | | | | |
| 2. | | | | | | | | | |
| 3. | | | | | | | | | |
| 4. | | | | | | | | | |
| Do you speak, read or write any lar | nguage other | than English, | , which may | be benefic | cial to the po | sition for whic | ch you are applying? | | |
| YES NO If yes, what language(s): | | | | | | | | | |
| THIS SECTION MUST BE COMPLETED EVEN IF YOU ARE ATTACHING A RESUME List ALL jobs you have held in the last 10 years beginning with your present or most recent employment. Include active military service, if any, but do not include reason(s) for cessation of military service if applicable. | | | | | | | | | |
| | | | | RIENCI | E | | | | |
| EMPLOYMENT DATE From: To: | | F | EMPLOYER | | | | | | |
| ADDRESS | | | | | | | | | |
| HOURS WEEKLY | URS WEEKLY TITLE REASON FOR LEAVING | | | | | | | | |
| SALARY Monthly: | | | | SALARY Weekly: | | | | | |
| DUTIES | | | | Weeki | <i>y</i> . | | | | |
| | | | | | | | | | |
| SUPERVISOR'S NAME EMPLO | | EMPLOYE | YER'S PHONE NUMBER | | May we o | contact your employer? No Maybe Later | | | |
| EMPLOYMENT DATE | | T | EMPLOYER | · | | | | | |
| From: To: | | 1 | | • | | | | | |
| ADDRESS | | | | | | | | | |
| HOURS WEEKLY | TITLE | | | | REASON F | OR LEAVING | 3 | | |
| SALARY | | | | SALA | RY | | | | |
| Monthly: | | | | Weekl | | | | | |

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May we contact your employer?

No

Maybe Later

Yes

EMPLOYER'S PHONE NUMBER

| NAME (Last): | | | | | | | | |
|---|--|--|---|---|--|--|--|--|
| | | EX | EXPERIENC | E (con | tinued) | | | |
| EMPLOYMENT DATE | | E | MPLOYER | | | | | |
| From: To: | | | | | | | | |
| ADDRESS | | · | | | | | | |
| HOURS WEEKLY | TITLE | | | | REASON FOR | LEAVING | ŕ | |
| SALARY | | | | SALA | RY | | | |
| Monthly: | | | | Week | ly: | | | |
| DUTIES | | | | | | | | |
| | | T | | | 1 | | | |
| SUPERVISOR'S NAME | SUPERVISOR'S NAME | | EMPLOYER'S PHONE NUMBER | | | May we contact your employer? Yes No Maybe Later | | |
| EMPLOYMENT DATE | | E | MPLOYER | | | | | |
| From: To: | | | | | | | | |
| ADDRESS | | | | | | | | |
| HOURS WEEKLY | | REASON FOR LEAVING | | | | | | |
| SALARY | | | | SALA | RY | | | |
| Monthly: | | | | Week | ly: | | | |
| DUTIES | | | | | | | | |
| SUPERVISOR'S NAME | | EMPLOYE | R'S PHONE | NUMB | ER | May we co | ontact your e | employer? |
| Ser Extribote of the internal | | | | | | Yes No Maybe Later | | |
| All answers and statements in this misleading answers are cause for r | | true and com | | est of m | y knowledge and | | | |
| I certify that I have read and meet submit proof of qualifications at a be disqualified. | | | | | | | | |
| Rancho Santa Fe Fire Protection D verify eligibility for employment in the United States and upon the emp | n the United St | ates. Any offe | er of employr | nent wi | ll be contingent u | | | |
| In order that the District may verify employees and representatives, or employment, job performance, reformation may be provided hereby fully waive any rights or clareference, and release any former of any and all liability, claims, or damparty, whether such information is | any person list erences, educat either verbally aims I have or employer, its en ages that may favorable or u | ed as a referention or training or in writing. may have again mployees and directly or inconfavorable to a | ce to provide g, and crimina In addition t inst any form representative lirectly result me. | any an al histor to autho er empl es, form from th | d all information y, including a rig rizing the release oyer, its employe er educational in the use, disclosure | they deem that to obtain the of any information the ees and reproduction, or the east of the east of t | appropriate any criminal ormation regresentatives, any person of such info | regarding my al history information. carding my employment, I or any person listed as a listed as a reference from ormation by any person or |
| I am aware that fingerprinting may extended, I may be required to sub- understand that failure to submit to | mit to a psycho | ological and/or | medical exa | minatio | n, which include | s a drug and | d/or alcohol | analysis. I also |

Applicant Signature

Date _____

I understand that this application is not a contract of employment.