



Weed Fire Department Employment Application



Review the entire application before you begin. Legibility, accuracy, organization, and completeness are important.

Last Name First Name Middle Initial

Address and telephone numbers where you can be contacted:

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Job Applied For: _____ Today's Date: _____

Are You Seeking: ☐ Full Time ☐ Part Time ☐ Temporary ☐ or Summer Employment?

When are you available for employment? _____

What shifts are you available to work? ☐ Day ☐ Swing ☐ Night ☐ Any

How did you hear about position? ☐ Internet ☐ Paper ☐ Friend ☐ Other: _____

If you are under 18, and it is required, can you furnish a work permit? ☐ Yes ☐ No

If **no**, please explain _____

Are you legally eligible for employment in this country? ☐ Yes ☐ No

Do you have a valid driver's license? ☐ Yes ☐ No Driver's License#: _____ State: _____

Have you ever been convicted of a felony or misdemeanor?* ☐ Yes ☐ No

*If yes, please provide dates and details _____

Education

List any education (including degree, school, city, and state) you completed that you believe qualifies you for the job for which you are applying.

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Training

Please describe any training you have received that is relevant to the job for which you are applying. (For example: On-the-job safety training, military training, production training, computer training, etc.) Be specific.

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Special Skills

Do you have any special skills or experiences that are relevant to the job for which you are applying? (For example: Experience operating equipment related to the job, computer skills, typing speed, telephone reception, customer service, etc.) Be specific.

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Computer Skills

Please describe any computer skills that are relevant to the job for which you are applying. Include software titles and years of experience. (For example: Word Processing, Spreadsheets, etc.) Be specific.

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Have you ever worked for this company before? ☐ Yes ☐ No If yes, when? _____

In what position (s)? _____

Work Experience

Please list your work experience beginning with your most recent job held. If you were self-employed, give company name.

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|---|-------------------------|------------------|----|
| Employer: Address: Phone: | Name of Last Supervisor | Employment Dates | |
| | | From | To |
| | Your Last Job Title | | |
| Reason for Leaving | | | |
| List the jobs you held, duties performed, skills used or learned and advancements or promotions while you worked at this company. | | | |
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| May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No, because (Please state reason) | | | |

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|---|-------------------------|------------------|----|
| Employer: Address: Phone: | Name of Last Supervisor | Employment Dates | |
| | | From | To |
| | Your Last Job Title | | |
| Reason for Leaving | | | |
| List the jobs you held, duties performed, skills used or learned and advancements or promotions while you worked at this company. | | | |
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|---|-------------------------|------------------|----|
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| References | | | |
|---|---------|------------------|------------|
| Please list three references that can provide us with information about your qualifications to perform the job for which you are applying. Business or job-related references are preferable. | | | |
| Name | Address | Telephone Number | Occupation |
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Certification

My signature below certifies that all information in this application is correct and complete to the best of my knowledge and belief and that I understand that providing false, inaccurate, incomplete or misleading information will result in refusal of employment or termination of employment if discovered after date of hire. I acknowledge that the company will verify the accuracy and completeness of the information I have provided and I authorize each employer, school, or person I have named (or their representatives or agents) to provide information in accordance with this release from all liability for any damages that may result from furnishing information to the company. I understand that if I am employed, I must conform to the company's rules and regulations and that my employment is based on company policy.

Applicant's Signature

Date

*Equal Opportunity Employer/Program.
Auxiliary aids and services are available upon request to individuals with disabilities*