

Educational background

Education equivalent to completion of the 12th grade? Yes No

	Undergraduate/College/University	Graduate/Professional/Technical	Degree or Certificate
School Name &	_____	_____	_____
Location	_____	_____	_____
Please indicate any advanced training or schooling:			
Years Completed	_____	_____	_____
Degree/Units	_____	_____	_____
Course Of Study	_____	_____	_____

Special Skills and Qualifications

<u>Certificates/licenses</u>	<u>Date Issued</u>	<u>Registration Number</u>	<u>Expiration Date</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Summarize any special training or skills that may assist you in performing the position for which you are now applying. Include any software programs in which you are proficient.

Software _____

Typing Speed WPM _____ Other _____

Foreign Language Skills

Are you able to communicate in a foreign language? Yes No Language(s) _____

U.S. Military Service

If you serve in the U.S. Armed Forces, please complete the following information.

Service Branch _____ Reserve Status _____ From _____ To _____

Special training received that relates to the job for which you are applying. _____

Employment History

This section must be completed even if submitting a resume. Starting with your most recent employer, provide the following information for your past ten years of work experience. Account for periods of unemployment in excess of 90 days. Attach a separate sheet if necessary. Do not indicate, "See Resume".

DATES EMPLOYED

From _____ To _____ Employer _____ Telephone _____

Job Title _____ Address _____

Immediate Supervisor/Title _____

Summarize the type of work/responsibilities: _____

Compensation Starting _____ Ending _____ Hourly or Salary _____ Reason for leaving _____

DATES EMPLOYED

From _____ To _____ Employer _____ Telephone _____

Job Title _____ Address _____

Immediate Supervisor/Title _____

Summarize the type of work/responsibilities: _____

Compensation Starting _____ Ending _____ Hourly or Salary _____ Reason for leaving _____

DATES EMPLOYED

From _____ To _____ Employer _____ Telephone _____

Job Title _____ Address _____

Immediate Supervisor/Title _____

Summarize the type of work/responsibilities: _____

Compensation Starting _____ Ending _____ Hourly or Salary _____ Reason for leaving _____

References

List four professional and/or character references who are **not** previous supervisors and who are **not** related to you.

Name & Relationship _____ Contact # _____ # Years Known _____

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Name & Relationship _____ Contact # _____ # Years Known _____

Name & Relationship _____ Contact # _____ # Years Known _____

Applicant Statement

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time lapse before discovery.

I hereby authorize Copperopolis Fire Protection District to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and authorize the references I have listed to disclose to the District any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the District, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

I understand employment may be offered after an evaluation of a background investigation, which will include employment history, references, criminal and motor vehicle records. I understand employment may be offered contingent upon an acceptable report from the Copperopolis Fire Protection District doctor(s) after a pre-placement physical examination, which will include a drug screen. I understand that upon starting for work, I will be required to certify eligibility for employment under the guidelines of the Immigration Control Act of 1986 by completion of U.S. Department of Justice Form I-9. I further understand that the Copperopolis Fire Protection District does not guarantee employment for any specified period of time nor does it imply any eligibility for promotional opportunities with an offer of employment.

I understand that the Copperopolis Fire Protection District does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by local, state or federal law.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature

Date

Printed Name

