

# SMARTSVILLE FIRE PROTECTION DISTRICT

8459 Blue Gravel Road / P.O. Box 354

Smartsville, CA 95977

Phone: (530) 639-0405 Fax: (530) 639-0404

## Application for Volunteer / Part-Time / Call As-Needed

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Int: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Length of time at address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Numbers: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Provider: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License # \_\_\_\_\_

Social Security/Work Visa # \_\_\_\_\_

**If less than 2 years at above address, please complete the following:**

Previous Address: \_\_\_\_\_

Length of time at previous address: \_\_\_\_\_

Email Address \_\_\_\_\_

### Availability:

I am available to respond to alarms during the following:

Day \_\_\_\_\_ Evening \_\_\_\_\_ During the hours of \_\_\_\_\_

### Education: (List name of school and last grade completed):

Grade School: \_\_\_\_\_

High School: \_\_\_\_\_

College: \_\_\_\_\_

Other: \_\_\_\_\_

**Military Experience:**

Were you in the Armed Forces? Yes [ ] No [ ]

Dates of Service: (Month / Year) From \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_

Branch of Service \_\_\_\_\_ Rank \_\_\_\_\_

List duties in service including special training: \_\_\_\_\_

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**References:** List four (4) persons who are well acquainted with you **other** than relatives. Please list their name, address, and phone number.

1: \_\_\_\_\_

2: \_\_\_\_\_

3: \_\_\_\_\_

4: \_\_\_\_\_

Have you been convicted of a criminal offense? **Note:** Do not include convictions that have been annulled, erased, expunged, vacated, set aside, sealed by a court, referred to a diversion program, convictions for marijuana offenses, or arrests that did not lead to convictions.

Yes [ ] No [ ]

**Note:** Conviction of a crime will not necessarily disqualify you for employment. Factors such as age at time of the offense, seriousness and nature of the violation, and rehabilitation will be considered when making employment decisions.

If "Yes", please explain: \_\_\_\_\_

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Number of traffic tickets, excluding parking tickets, you have received in the last 5 years: \_\_\_\_\_

Has your driver's license ever been suspended or revoked? Yes  No

If yes please explain \_\_\_\_\_

Have you ever been involved in an accident? Yes  No  If yes, how many? \_\_\_\_\_

Were you judged to be at fault in any accident? Yes  No

**Employment History:**

Current Employer: \_\_\_\_\_

Length of employment: \_\_\_\_\_

Address: \_\_\_\_\_

Name of supervisor: \_\_\_\_\_

Phone number: \_\_\_\_\_

Type of work: \_\_\_\_\_

Work days/times: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

Length of employment: \_\_\_\_\_

Address: \_\_\_\_\_

Name of supervisor: \_\_\_\_\_

Phone number: \_\_\_\_\_

Type of work: \_\_\_\_\_

Work days/times: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

Length of employment: \_\_\_\_\_

Address: \_\_\_\_\_

Name of supervisor: \_\_\_\_\_

Phone number: \_\_\_\_\_

Type of work: \_\_\_\_\_

Work days/times: \_\_\_\_\_

Were you ever subject to any disciplinary action in connection with any employment?

Yes  No  If yes please provide details: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Ability to Perform Job Functions:**

Are you able to perform the following tasks with or without accommodations?

Climbing \_\_\_\_\_ Wearing of breathing apparatus \_\_\_\_\_

Lifting heavy tools and equipment \_\_\_\_\_

**Training and Skills:**

List any training or skills which you feel would be an asset to the Department: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AUTHORITY TO RELEASE PERSONAL INFORMATION**

I authorize investigation of all statements contained in this application. I further authorize all past employers and schools to release information to the SMARTSVILLE FIRE PROTECTION DISTRICT, including, but not limited to, attendance records, rating forms, written and/or verbal evaluations and academic transcripts.

I understand that misrepresentation or omission of facts called for on this application is cause for rejection.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**AUTHORITY TO INVESTIGATE PERSONAL INFORMATION AND RELEASE OF LIABILITY**

I hereby authorize the SMARTSVILLE FIRE PROTECTION DISTRICT to conduct an investigation into my background including criminal history, driving record, previous employment, education, medical history, and conduct any other investigation that it deems appropriate.

I authorize custodian of the aforementioned information to furnish the SMARTSVILLE FIRE PROTECTION DISTRICT with all information pertaining to this application.

I hereby **RELEASE** the SMARTSVILLE FIRE PROTECTION DISTRICT and such custodians and any law enforcement agency, judicial officer, or other individual from any liability arising from the disclosure of any information pertaining to me which is obtained during said investigation.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SMARTSVILLE FIRE PROTECTION DISTRICT is a Drug and Alcohol free work place and may test ALL applicants during ANY TIME with the above listed department.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Board Action: \_\_\_\_\_ Date \_\_\_\_\_ File # \_\_\_\_\_