

WEST PLAINFIELD FPD APPLICATION

Position Applying for: _____

INFORMATION AND INSTRUCTION FOR APPLICANTS:

- A. Answer all questions completely and accurately, incomplete applications will not be considered
- B. A false statement will disqualify your application from further consideration
- C. If you need additional space, use a plain sheet of paper
- D. **With this Application, submit:**
 - 1) **FF Applicants - Proof of: FF1 or Fire Academy (desired), current EMT (desired),**
 - 2) **Valid Class C license,**
 - 3) **Any pertinent certificates or experience**
 - 4) **Résumé with educational & work background**
 - 5) **At least 1 current letter of recommendation**

RETURN TO:

**West Plainfield FPD
Attn: Human Resources
24901 County Road 95
Davis, California 95616**

Last Name, First Name, MI - and any other names used	Telephone:
	Home: _____ Mobile: _____
Present address (Include Street, City, State & Zip code)	How Long?
Have you ever been convicted of a felony? () YES () NO -- If yes: when, where, and disposition of case(s).	
<small>A conviction will not necessarily disqualify applicant from the job applied for.</small>	
Last previous address (if at present address less than two years)	How Long?
California Driver's License Number	Are you legally employable in the US? () YES () NO
Do you prefer full or part time? () FULL () PART	Earliest start date
Have you ever had your driver's license revoked or suspended? () YES () NO -- If yes, please explain:	
Are you able to perform all of the duties of the position for which you are applying? () YES () NO If no, please describe.	

READ BEFORE SIGNING

In the event of employment with the West Plainfield Fire Protection District ("organization"), I will comply with all rules and regulations as set forth in the organization's policy manual, job description, and other communications distributed to all staff members. I understand such employment and continued employment may be conditioned upon a favorable background check and health evaluation, which may include a physical examination and drug testing by a doctor and lab selected by the organization. I further agree to complete all necessary forms in that regard.

I certify that all statements made by me on this application and the accompanying résumé are true and complete to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that falsification could result in termination of my employment if I am hired. I agree that if I am hired my employment and compensation can be terminated, with or without cause, and with or without notice, at any time at the option of either the organization or myself. This is not a contract of employment.

I understand that past employers and/or educational institutions may be contacted for references. For reference purposes, you may () may not () contact my present employer.

I hereby acknowledge that I have read and understand the above statement.

Date: _____ **Applicant's Signature:** _____