

WEST PLAINFIELD FPD EMPLOYMENT APPLICATION**FIREFIGHTER/EMT****INFORMATION AND INSTRUCTIONS FOR APPLICANTS**

- 1) Answer all questions completely and accurately, incomplete applications will not be considered
- 2) Print answers in ink or use typewriter
- 3) A false statement will disqualify your application from further consideration
- 4) If you move, notify West Plainfield Fire immediately
- 5) If you need additional space, use a plain sheet of paper
- 6) With this application, submit:
 - a) Proof of FF1, current EMT, valid Driver's License with Firefighter Endorsement, First Responder Operational Certificate (required)
 - b) Resume with educational and work background
 - c) At least 1 current fire-related letter of recommendation

MAIL OR HAND DELIVER TO:

West Plainfield FPD
 Attn: AC Bill Heins
 24901 County Road 95
 Davis, CA 95616



Last Name, First Name, MI – and any other names used		Telephone:	
		Home:	Mobile:
Present address (include Street, City, State & Zip Code)		How Long?	
Last previous address (if present address less than two years)		How Long	
California Driver's License Number		Are you legally employable in the US? () YES () NO	
Have you ever had your driver's license revoked or suspended? () YES () NO If yes, please explain:			
Are you at least 18 years of age? () YES () NO		High School Diploma or Equivalent? () YES () NO	
Do you prefer full or part time? () FULL () PART Earliest start date:			
Are you able to perform all of the duties of the position for which you are applying? () YES () NO -- If no, please describe on a separate sheet of paper.			

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 resume 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:** _____