



THORNTON FIRE DISTRICT EMPLOYMENT APPLICATION

* Please Indicate Which Position You Are Applying For Below *

VOLUNTEER FF	INTERN FIREFIGHTER	INTERN ENGINEER	FIRE LIEUTENANT
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LEGAL FULL NAME:	
DATE OF BIRTH:	
MAILING ADDRESS:	
CONTACT INFO:	
EMAIL ADDRESS:	
DRIVERS LICENSE #:	
SOCIAL SECURITY #:	

Can you after employment, submit verification of your legal right to work in the United States?

Yes or No:	
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EDUCATIONAL EXPERIENCE

HIGH SCHOOL	SOME COLLEGE	COLLEGE GRADUATE	VOCATIONAL SCHOOL
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* Please List All Educational Background Below *

SCHOOL:		YEAR:		DEGREE:	
				CERT:	
SCHOOL:		YEAR:		DEGREE:	
				CERT:	
SCHOOL:		YEAR:		DEGREE:	
				CERT:	



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CERTIFICATIONS

* Please List All Pertinent Certifications Below With Copies Attached *

1.	5.	9.
2.	6.	10.
3.	7.	11.
4.	8.	12.

WORK EXPERIENCE

EMPLOYER:		ADDRESS:	
EMPLOYED FROM:		EMPLOYED TO:	
SUPERVISOR:		CONTACT #:	
LIST OF DUTIES:			
EMPLOYER:		ADDRESS:	
EMPLOYED FROM:		EMPLOYED TO:	
SUPERVISOR:		CONTACT #:	
LIST OF DUTIES:			
EMPLOYER:		ADDRESS:	
EMPLOYED FROM:		EMPLOYED TO:	
SUPERVISOR:		CONTACT #:	
LIST OF DUTIES:			
EMPLOYER:		ADDRESS:	
EMPLOYED FROM:		EMPLOYED TO:	
SUPERVISOR:		CONTACT #:	
LIST OF DUTIES:			



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Have you ever been terminated from a previous employer? If yes, please explain the terms and conditions below.

PROFESSIONAL REFERENCES

FULL NAME:		CONTACT #:	
RELATIONSHIP:		YEARS ACQUAINTED:	

FULL NAME:		CONTACT #:	
RELATIONSHIP:		YEARS ACQUAINTED:	

FULL NAME:		CONTACT #:	
RELATIONSHIP:		YEARS ACQUAINTED:	



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I HEREBY CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE INFORMATION I HAVE PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND FALSIFICATION CAN BE SUBJECT TO MY IMMEDIATE DISMISSAL.

CANDIDATE SIGNATURE:		DATE:	
FIRE REP. SIGNATURE:		DATE:	



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PERSONAL INFORMATION RELEASE / AUTHORIZATION FORM

I _____, do hereby authorize the release of personal information and records concerning myself to the Thornton Fire District for the sole purpose of employment with the Thornton Fire District. I understand that the information obtained will be kept confidential with the Thornton Fire District or its authorized representative(s).

CANDIDATE NAME:		DATE:	
CANDIDATE SIGNATURE:			