**\* Please Indicate Which Position You Are Applying For Below \***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **VOLUNTEER FF** |  | **INTERN FIREFIGHTER** |  | **INTERN ENGINEER** |  | **FIRE LIEUTENANT** |  |

|  |  |
| --- | --- |
| **LEGAL FULL NAME:** |  |
| **DATE OF BIRTH:** |  |
| **MAILING ADDRESS:** |  |
| **CONTACT INFO:** |  |
| **EMAIL ADDRESS:** |  |
| **DRIVERS LICENSE #:** |  |
| **SOCIAL SECURITY #:** |  |

|  |  |  |
| --- | --- | --- |
| **U.S. CITIZEN?** | YES | NO |

Have you ever been convicted of any crime(s)? Traffic violations may be omitted. If yes, explain date, location and nature of conviction below.

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**EDUCATIONAL EXPERIENCE**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **HIGH SCHOOL** |  | **SOME COLLEGE** |  | **COLLEGE GRADUATE** |  | **VOCATIONAL SCHOOL** |  |

**\* Please List All Educational Background Below \***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SCHOOL:** |  | **YEAR:** |  | **DEGREE:** |  |
|  |  |  |  | **CERT:** |  |
| **SCHOOL:** |  | **YEAR:** |  | **DEGREE:** |  |
|  |  |  |  | **CERT:** |  |
| **SCHOOL:** |  | **YEAR:** |  | **DEGREE:** |  |
|  |  |  |  | **CERT:** |  |

**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:** |  | | |

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

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**PROFESSIONAL REFERENCES**

|  |  |  |  |
| --- | --- | --- | --- |
| **FULL NAME:** |  | **CONTACT #:** |  |
| **RELATIONSHIP:** |  | **YEARS ACQUAINTED:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **FULL NAME:** |  | **CONTACT #:** |  |
| **RELATIONSHIP:** |  | **YEARS ACQUAINTED:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **FULL NAME:** |  | **CONTACT #:** |  |
| **RELATIONSHIP:** |  | **YEARS ACQUAINTED:** |  |

**HEALTH QUESTIONNAIRE**

Please fill out the information below. In the Questions section, answer each of the following by circling ‘**Yes**’ or ‘**No**’. If you have answered ‘**Yes**’ to any questions, an explanation will be required in the space provided below.

|  |  |  |  |
| --- | --- | --- | --- |
| **PHYSICIANS NAME:** |  | **CONTACT #:** |  |
| **ADDRESS / LOCATION:** |  | | |
| **DATE OF LAST EXAM:** |  | | |

**HEALTH QUESTIONNAIRE**

|  |  |  |
| --- | --- | --- |
| Do you have difficulty recognizing colors? | YES | NO |
| Is your peripheral vision less than 70% on either eye? | YES | NO |
| Do you have any vision impairment that is not correctable to 20/40 or better? | YES | NO |
| Do you have any hearing impairments? | YES | NO |
| Are you missing any extremities, including fingers? | YES | NO |
| Do you have diabetes requiring insulin for control | YES | NO |
| Have you experienced any cardiovascular related events or emergencies? | YES | NO |
| Have you been diagnosed with any respiratory conditions? | YES | NO |
| Have you been diagnosed with high blood pressure? | YES | NO |
| Have you been diagnosed with rheumatic, arthritic, orthopedic, muscular or vascular diseases? | YES | NO |
| Have you been diagnosed with any mental, nervous or psychiatric disorder? | YES | NO |
| Have you been diagnosed with epilepsy or any other condition that causes you to lose consciousness or loss of bodily control? | YES | NO |
| Do you use controlled substances, amphetamines, narcotics, or any habit forming drugs? | YES | NO |
| Do you have a clinical diagnosis of alcoholism? | YES | NO |
| Do you consume alcoholic beverages? | YES | NO |
| If yes, indicate how often: DAILY | WEEKLY | MONTHLY |
| Do you use tobacco products? | YES | NO |
| If yes, indicate how often: DAILY | WEEKLY | MONTHLY |

Do you have any other conditions or disabilities not covered that may limit your ability to perform your duties for the position in which you are applying? If yes, please explain below.

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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:** |  |

**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

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| --- | --- | --- | --- |
| **CANDIDATE NAME:** |  | **DATE:** |  |
| **CANDIDATE SIGNATURE:** |  | | |