



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 #:	

U.S. CITIZEN?	<u>YES</u>	<u>NO</u>
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Have you ever been convicted of any crime(s)? Traffic violations may be omitted. If yes, explain date, location and nature of conviction below.

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:	

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:			



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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.

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:			