ARCATA FIRE DISTRICT

EMPLOYMENT APPLICATION

Please fill out all sections of this form completely. Failure to do so (include using "see resume" may result in rejection during the selection process. This application and all attachments become the property of the Arcata Fire District and will not be returned to the applicant.

APPLICATION INFORMATION

Name: _____
Last First MI

Address: _____

_____
City State Zip

Mailing Address: _____

_____
City State Zip

E-mail Address: _____

Are you over 18 years of age? ☐ Yes ☐ No

Telephone:

Home: _____

Cell: _____

Do you need reasonable accommodation to take an oral interview? ☐ Yes ☐ No

Driver's License Number: _____

State Issued: _____ Class: _____

PREVIOUS EMPLOYMENT / RELATIVES EMPLOYED WITH THE DISTRICT

Are you a member of the Arcata Fire District at this time? ☐ Yes ☐ No

If yes, in what capacity? _____

Have you previously been employed or volunteered with the District? ☐ Yes ☐ No

If yes, please specify title and employment dates: _____
Title Dates

Names of any District employee you are related to or with whom you live: _____

Relationship: _____

Arcata Fire District is an equal opportunity employer and will not discriminate against an employee or applicant for employment because of race, color, religion, gender, sexual orientation, age, martial status, national origin or mental or physical disability unless based on a bonafide occupational qualification.

EDUCATION

Name and Location of High School _____ Graduated? ☐ Yes ☐ No

If not a high school graduate, do you have a certificate of equivalency (GED)? ☐ Yes ☐ No

If yes, date received: _____

List all Universities/Colleges attended beyond high school

Name and location of University / College / Vocational School	Course of study	Dates attended	Credits completed (List Quarter or Semester)	Type of degree earned

List below any Education/Training (not shown above) you have that may be pertinent to this position.

Do you speak a language other than English fluently? ☐ Yes ☐ No

If yes, which language(s)? _____

EMPLOYMENT HISTORY

List all work experience, for the last 10 years, including military and volunteer, beginning with your current or most recent position. Describe each job separately, emphasizing your specific tasks and supervisory, technical, or other responsibilities. Give special attention to experience relating to the job for which you are applying. Account for any periods of unemployment or self-employment. If the space provided is not adequate, please attach additional sheets.

Employer	Address	From: (Month/Year)
Your Title	Supervisor's Name and Telephone	To: (Month/Year)
Duties (be specific)		Total Time: (Years/Months ☐ Full Time ☐ Part Time Hrs/Week: (If varied, indicate average) ☐ Paid ☐ Unpaid
May we contact your current employer? ☐ Yes ☐ No Reason for Leaving:		

Employer	Address	From: (Month/Year)
Your Title	Supervisor's Name and Telephone	To: (Month/Year)
Duties (be specific)		Total Time: (Years/Months ☐ Full Time ☐ Part Time Hrs/Week: (If varied, indicate average) ☐ Paid ☐ Unpaid
Reason for Leaving:		

Employer	Address	From: (Month/Year)
Your Title	Supervisor's Name and Telephone	To: (Month/Year)
Duties (be specific)		Total Time: (Years/Months ☐ Full Time ☐ Part Time Hrs/Week: (If varied, indicate average) ☐ Paid ☐ Unpaid
Reason for Leaving:		

Employer	Address	From: (Month/Year)
Your Title	Supervisor's Name and Telephone	To: (Month/Year)
Duties (be specific)		Total Time: (Years/Months ☐ Full Time ☐ Part Time Hrs/Week: (If varied, indicate average) ☐ Paid ☐ Unpaid
Reason for Leaving:		

Employer	Address	From: (Month/Year)
Your Title	Supervisor's Name and Telephone	To: (Month/Year)
Duties (be specific)		Total Time: (Years/Months ☐ Full Time ☐ Part Time Hrs/Week: (If varied, indicate average) ☐ Paid ☐ Unpaid
Reason for Leaving:		

Please indicate briefly any job-related skills or additional information you feel may be helpful to us in considering your application.

CERTIFICATION, AUTHORIZATION, AND RELEASE

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE *FULLY COMPLETED, SIGNED, AND DATED* ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING THESE STATEMENTS, PLEASE ASK THEM BEFORE SIGNING.

1. All answers and statements I have made on this application (and resume or other supplementary materials) are true and complete without omissions. I understand that any false, misleading, or incomplete information will be grounds for refusal to hire or for immediate discharge if I am employed. I authorize the District to obtain information about me from any of the prior employers or persons named in this application, including those provided by me as references. I also agree to sign an authorization relasing these prior employers and persons of liability for providing such information.

Please initial: _____

2. I understand that if I am hired, I will be responsible for complying with all policies and rules of the District as they presently exist or are later modified. I also understand that except as otherwise provided in an applicable collective bargaining agreement, or other written agreement signed by the Fire Chief, that I may be suspended without pay, demoted, or discharged only for just cause. I further understand my employment with the District can be terminable at-will for any reason and at any time without notice, at the option of the District or myself, except as prohibited by applicable law.

Please initial: _____

I have read, understand and agree with all of the above statements.

_____ _____

Signature Date

Mail or deliver completed application and all required documents to:

Hiring Coordinator
2149 Central Avenue
McKinleyville, CA 95519

FAXED APPLICATIONS WILL NOT BE ACCEPTED

NOTE: This application is only valid for the job position and job opening applied for. To be considered for other job positions or job openings, you must submit a new application.

CONFIDENTIAL EQUAL OPPORTUNITY QUESTIONNAIRE

APPLICANT: This data assists the District in its commitment to equal employment opportunity. Applicants are asked to voluntarily provide the information below. This questionnaire will be separated from the application and will not be used in any employment decisions. This data will be used for statistical data gathering and reporting purposes in evaluating the extent to which the state is complying with state and federal equal employment opportunity and non-discrimination requirements.

Gender: (Please check one of the options below)

☐ Male ☐ Female ☐ Non-Binary

Age: (Please check one of the options below)

☐ Under 21 ☐ 21-39 ☐ 40-69 ☐ 70 and Over

Race/Ethnicity: (Please identify the ethnic group with which you most closely identify.)

☐ **Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

☐ **White (Not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

☐ **Black or African American (Not Hispanic or Latino**) – A person having origins in any of the black racial groups of Africa.

☐ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ **Asian (Not Hispanic or Latino)** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands,

☐ **American Indian or Alaskan Native (Not Hispanic or Latino)** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

☐ **Two or More Races (Not Hispanic or Latino)** – All persons who identify with more than one of the above five races.

☐ **I do not wish to disclose.**