



COLMA FIRE PROTECTION DISTRICT

Employment Application

Fire Chief: Geoff Balton

| APPLICANT INFORMATION | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-------------------------------------------------------------------------------|-----------------------------------------------------|
| Last Name | | First | M.I. Date |
| Street Address | | | Apartment/Unit # |
| City | | State | ZIP |
| Phone | | E-mail Address | |
| Date Available | | Social Security No. | Birth date |
| Position Applied for | | | Pager Cap Code (If employed in San Mateo County) |
| Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| Have you ever been discharged, forced to resign or rejected during a probationary period in the last ten years? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain | | | |
| Have you ever been convicted of any offense in a Civilian or Military Court? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain | | | |
| EDUCATION | | | |
| High School | | Address | |
| From | To | Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree |
| College | | Address | |
| From | To | Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree |
| Other | | Address | |
| From | To | Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree |
| Are you fluent in any language other than English? If so, please specify _____ | | | |
| REFERENCES | | | |
| <i>Please list three professional references.</i> | | | |
| Full Name | | Relationship | |
| Company | | Phone () | |
| Full Name | | Relationship | |
| Company | | Phone () | |
| Full Name | | Relationship | |
| Company | | Phone () | |
| List Licenses, Certificates / Registrations required for this job (Firefighter I, Drivers License, EMT, etc.) Include Title, Date Issued, Date of Expiration, and number. | | | |
| | | | |
| | | | |
| | | | |

| |
|-------------|
| VERIFIED BY |
|-------------|

PREVIOUS EMPLOYMENT

| | | | |
|-------------------------------------------------------------------------------------------------------------------|--------------------|--------------------|--|
| Company | | Phone () | |
| Address | | Supervisor | |
| Job Title | Starting Salary \$ | Ending Salary \$ | |
| Responsibilities | | | |
| From | To | Reason for Leaving | |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| Company | | Phone () | |
| Address | | Supervisor | |
| Job Title | Starting Salary \$ | Ending Salary \$ | |
| Responsibilities | | | |
| From | To | Reason for Leaving | |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| Company | | Phone () | |
| Address | | Supervisor | |
| Job Title | Starting Salary \$ | Ending Salary \$ | |
| Responsibilities | | | |
| From | To | Reason for Leaving | |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |

MILITARY SERVICE

| | | |
|----------------------------------|-------------------|----|
| Branch | From | To |
| Rank at Discharge | Type of Discharge | |
| If other than honorable, explain | | |

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.
 If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

| | |
|-----------|------|
| Signature | Date |
|-----------|------|

| |
|----------------------|
| <u>DATE RECEIVED</u> |
| |

| | |
|----------------------------|----------|
| <u>For Office Use Only</u> | |
| Accepted | Rejected |
| Date | _____ |
| Reason | _____ |