

INDICATE POSITION  
 APPLYING FOR  
 BELOW

# RIVER DELTA FIRE DISTRICT EMPLOYMENT APPLICATION

**RETURN COMPLETED  
 APPLICATION WITH  
 CERTIFICATES TO:**  
 River Delta Fire District  
 PO BOX 541  
 16969 Jackson Slough Rd  
 Isleton, Ca. 95641  
 Telephone: 916-777-8701  
 Fax 916-777-8700

Volunteer Firefighter

Volunteer Company  
 Officer

Other: \_\_\_\_\_

**IMPORTANT:** AS PART OF THE RECRUITMENT PROCESS, YOU ARE **REQUIRED TO COMPLETE THIS APPLICATION.** COMPLETE **ALL UNSHADED** SECTIONS. AN INCOMPLETE APPLICATION WILL DELAY ACTION AND MAY DISQUALIFY YOU. CHECK CAREFULLY TO BE SURE YOU MEET THE EDUCATION AND EXPERIENCE AS STATED ON THE ANNOUNCEMENT. **NOTE:** Each applicant selected for employment will need to provide a fingerprinted/live scan and may be required to pass an administered health examination prior to being appointed. **APPLICATIONS WITH OMITTED INFORMATION WILL NOT BE CONSIDERED.**

**PRINT LEGIBLY IN INK OR TYPE**

<b>FIRST NAME</b>				<b>OTHER NAMES UNDER WHICH YOU HAVE WORKED</b>			
<b>Street Address</b>			<b>City</b>		<b>State</b>	<b>Zip Code</b>	
<b>Home Phone &amp; Area Code</b>		<b>Email address (mandatory for dist. mail)</b>		<b>Cell/Pager/Other Phone &amp; Area Code</b>			
Last 4 #'s of Social Security #	Are you 18 years of age?	Height		Weight		Sex Male <input type="checkbox"/> Female <input type="checkbox"/>	
<b>EDUCATION: You need only include education you believe relates to the position for which you are applying, as indicated in the Experience/Education portion of the job announcement. Be complete. Your application will be evaluated based on this information</b>							
Circle Highest Grade Completed 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17				Do you speak/read and/or write a foreign language?			
Name of High School/ City/State: Granada High				Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		If not, do you have a G.E.D.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Colleges Attended (Name)</b>		<b>Dates attended (mm/yy)</b> From: To:	<b>Location/City</b>	<b>Credits Earned (Sem or Qtr units)</b>		<b>Major</b>	<b>Degree (s) Earned/Date (mm/yy)</b>
<b>Professional Licenses or Certificates</b>			<b>Date issued mm/yy</b>	<b>Number</b>	<b>Expiration Date (mm/yy)</b>	<b>Attach Copies Yes or No</b>	
<b>Pertinent Training/Volunteer/Continuing Education Courses</b>		<b>Name of Learning Institution</b>		<b>Location City/State</b>		<b>Length of course (Hrs/days/wks)</b>	<b>Number of CEU's Earned?</b>
Do you possess a valid California driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	License Number (and State if not CA)		Class (C/A/B/M)	Expiration Date (mm/dd/yy)	Has your Driver's license ever been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Have you ever been fired or asked to resign from any position?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please briefly explain below.							

**EMPLOYMENT HISTORY:** List all work experience emphasizing experience directly related to the position for which you are applying. List the number of hours per week you worked (if qualifying experience is part time or voluntary, also list hours). Include all periods of self-employment and U.S. Military service. List each promotion separately. **You will be evaluated based on this information.** Additional copies of this form are available if required (you may also make copies). **This section must be completed.** Although a resume is **required** to be filed **DO NOT** indicate, "See attached resume" for purposes of this section, as this will be considered an incomplete application and may disqualify you.

<b>1</b> From (mm/yy)	Present or most recent Employer (Business or Agency Name)	Address	City	State
To (mm/yy)	Title of your position	Name & Title of Supervisor –Address if Different	Agency Phone & Area Code	
Total Yrs/Mos Worked Yrs      Mos	Type of Organization		# of Employees Supervised	
Hours Worked Each Week	Your Duties (List Primary Duties First)			
		Reason for Leaving	If we contact your present employer, will your present position be endangered? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>2</b> From (mm/yy)	Employer (Business or Agency Name)	Address	City	State
To (mm/yy)	Title of your position	Name & Title of Supervisor –Address if Different	Agency Phone & Area Code	
Total Yrs/Mos Worked Yrs      Mos	Type of Organization		# of Employees Supervised	
Hours Worked Each Week	Your Duties (List Primary Duties First)			
		Reason for Leaving		
<b>3</b> From (mm/yy)	Employer (Business or Agency Name)	Address	City	State
To (m/yy)	Title of your position	Name & Title of Supervisor –Address if Different	Agency Phone & Area Code	
Total Yrs/Mos Worked Yrs      Mos	Type of Organization		# of Employees Supervised	
Hours Worked Each Week	Your Duties (List Primary Duties First)			
		Reason for Leaving		

**Please circle any days you are usually available:**

**Sunday      Monday      Tuesday      Wednesday      Thursday      Friday      Saturday      Rotating Days**

Please indicate if you possess any of the following certifications, licenses, education, and experience. Please include a copy of your current Resume as well as copies of all certificates, licenses, and additional information you feel will apply to this position.

- |   |  |
|---|--|
| <input type="checkbox"/> State Firefighter I                    | <input type="checkbox"/> State Firefighter II                            |
| <input type="checkbox"/> State Volunteer Firefighter I          | <input type="checkbox"/> State Fire Officer                              |
| <input type="checkbox"/> Academy Firefighter I                  | <input type="checkbox"/> Fire Explorer Experience (#of months/location)  |
| <input type="checkbox"/> Firefighter's Class B License          | <input type="checkbox"/> Volunteer Fire Experience (#of months/location) |
| <input type="checkbox"/> EMT-Basic (contra Costa)               | <input type="checkbox"/> Paid Fire Experience (#of months/location)      |
| <input type="checkbox"/> EMT-Paramedic (county/STATE)           | <input type="checkbox"/> Mechanic Experience (# of months)               |
| <input type="checkbox"/> College Fire Technology (#of units)    | <input type="checkbox"/> Construction Trade Experience (#of months)      |
| <input type="checkbox"/> College General Education (# of units) | <input type="checkbox"/> Associates Degree (major)                       |
| <input type="checkbox"/> Bachelors/Master's Degree (major)      | <input type="checkbox"/> Technical certifications                        |

Please list all certificates, courses and licenses pertaining to any and all areas of firefighting, hazardous materials, medical, driving, maintenance, computers, rescue, or construction trade.

Attached in E mail

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**EMERGENCY CONTACT INFORMATION:** Please indicate contact person in case of emergency

Name & Relationship	Address	Home Phone	Other Phone

**REFERENCE CONTACTS:** List four persons willing to provide professional and/or character references for you. Do not include relatives or previous employers. These people may be contacted during any part of the employment process. **Do not furnish phone numbers.**

Name	Address, City, Zip code	Occupation	Length of Acquaintance

In the event that you are hired, you will be required to offer proof that you are a lawfully admitted alien or U.S. citizen. **I understand that any omission or misrepresentation of material fact in this application may result in refusal of, or separation from, employment.** I hereby authorize the River Delta Fire District to make any investigation of my background deemed necessary. I authorize my former employers to give any information regarding my employment. I hereby release them and their company/agency from all damages what so ever for issuing it.

**PRIOR TO APPOINTMENT TO ANY FIRE DEPARTMENT POSITION, THE APPLICANT MUST FURNISH A CURRENT NO OLDER THAN 3 MONTH DRIVER'S LICENSE RECORD PRINT OUT (H-6), SHOW PROOF OF CURRENT CPR, CURRENT EMT CERTIFICATE, AND LIVELSCAN FINGERPRINTING.**

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

RIVER DELTA FIRE DISTRICT OFFICIAL USE ONLY

APPLICATION REVIEW COMPLETED DATE:	PASS	"or"	FAIL
WRITTEN TEST DATE AND TIME:	PASS	"or"	FAIL
PHYSICAL AGILITY DATE AND TIME:	PASS	"or"	FAIL
INTERVIEW DATE AND TIME:	PASS	"or"	FAIL
BACKGROUND CHECK COMPLETE DATE:	PASS	"or"	FAIL
MEDICAL AND DRUG TEST CLEARANCE COMPLETE DATE:	PASS	"or"	FAIL
HIRED START DATE: (if not hired or failed at any point please explain below)			
CHIEF'S SIGNATURE REQUIRED PRIOR TO OFFERING EMPLOYMENT START DATE:			