

Crabtree Consulting Services, LLC

9245 Laguna Springs Drive, Suite 200
Elk Grove, CA 95624

Office 916-365-CCS9 (2279)
Fax 360-684-8891



APPLICATION FOR EMPLOYMENT

Agency: Salida Fire Protection District Position: Fire Chief

IF VETERAN'S PREFERENCE IS INDICATED ON THE ANNOUNCEMENT, APPLICANTS MUST ATTACH DD214 OR OTHER DOCUMENTARY EVIDENCE TO THIS APPLICATION TO ESTABLISH ELIGIBILITY.

SOCIAL SECURITY NO.: _____ / _____ / _____	Use of your Social Security Number is voluntary . Social Security Numbers are used for identification purposes only. If you do not wish to use your Social Security Number we will assign you an identification number for application purposes only.
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LEGAL NAME (Please Print):	_____	_____	_____
	Last	First	Middle
If you have worked under another name(s), list it (them) here:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
ADDRESS:	_____	_____	_____
	No.	Street	Apt
		City	State
			Zip
MAILING ADDRESS (if different from above):	_____		
EMAIL ADDRESS:	_____		
HOME PHONE:	(_____) _____ - _____	BUS. PHONE:	(_____) _____ - _____

ARE YOU RELATED TO ANY AGENCY EMPLOYEE?	_____ YES _____ NO
NAME OF RELATIVE:	_____
RELATIONSHIP:	_____

COMPLETE ONLY IF JOB RELATED	
Driver License No.:	_____
State:	_____
Expiration Date:	_____
Class:	_____
Restrictions:	_____
Endorsements:	_____

ARE YOU CURRENTLY EMPLOYED BY THIS AGENCY?	_____ YES _____ NO	WHAT IS YOUR CURRENT JOB TITLE:	_____
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EDUCATION				
HIGH SCHOOL AND ADDRESS:				
	NO. CREDITS EARNED	SEM OR QTR SYSTEM	MAJOR	DEGREE RECEIVED
COLLEGE AND ADDRESS				
COLLEGE AND ADDRESS				
COLLEGE AND ADDRESS				
COLLEGE AND ADDRESS				
LIST ANY PROFESSIONAL LICENSE, CERTIFICATE, OR CREDENTIAL: TYPE / ISSUE DATE / EXPIRATION DATE:				

<p>HAVE YOU EVER BEEN DISMISSED, RESIGNED IN LIEU OF DISMISSAL, OR FORCED TO RESIGN FROM A POSITION? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If yes, please explain: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>ARE YOU LEGALLY PERMITTED TO WORK IN THE UNITED STATES OF AMERICA?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>WHILE IN THE MILITARY SERVICE WERE YOU EVER CONVICTED BY A GENERAL COURT MARTIAL?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If yes, explain: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>YOU WILL BE REQUIRED TO SUBMIT VERIFICATION OF THE LEGAL RIGHT TO WORK IN THE UNITED STATES OF AMERICA WITHIN THREE (3) BUSINESS DAYS BEGINNING WITH YOUR FIRST DAY OF WORK. IN ACCORDANCE WITH THE IMMIGRATION REFORM AND CONTROL ACT OF 1986, THE AGENCY IS LEGALLY PROHIBITED FROM EMPLOYING ANYONE WHO CANNOT PROVIDE SUCH VERIFICATION.</p>

WORK EXPERIENCE: MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO IF "NO" EXPLAIN: _____

BEGINNING WITH YOUR MOST RECENT JOB, list all jobs during the last ten years, regardless of duration, including part-time jobs, military service and any periods of unemployment. Also list volunteer experience and jobs held more than ten years ago which relate to the job for which you are applying. List each job separately. Please note: Incomplete information may delay the processing of your application and/or result in disqualification.

DATES	EMPLOYERS	DUTIES
MONTH & YEAR	NAME OF EMPLOYER:	YOUR TITLE:
FROM: ____/____	ADDRESS:	DUTIES PERFORMED: _____ _____ _____ _____
TO: ____/____	CITY, STATE, ZIP	
TOTAL MOS. WORKED:	IMMEDIATE SUPERVISOR'S NAME:	
HOURS PER WEEK:		
		REASON FOR LEAVING: _____

(make additional copies of this page as necessary)

DATES	EMPLOYERS	DUTIES
MONTH & YEAR	NAME OF EMPLOYER:	YOUR TITLE:
FROM: ____/____	ADDRESS:	DUTIES PERFORMED:
TO: ____/____	CITY, STATE, ZIP	_____
TOTAL MOS. WORKED:	IMMEDIATE SUPERVISOR'S NAME:	_____
HOURS PER WEEK:		REASON FOR LEAVING: _____

DATES	EMPLOYERS	DUTIES
MONTH & YEAR	NAME OF EMPLOYER:	YOUR TITLE:
FROM: ____/____	ADDRESS:	DUTIES PERFORMED:
TO: ____/____	CITY, STATE, ZIP	_____
TOTAL MOS. WORKED:	IMMEDIATE SUPERVISOR'S NAME:	_____
HOURS PER WEEK:		REASON FOR LEAVING: _____

DATES	EMPLOYERS	DUTIES
MONTH & YEAR	NAME OF EMPLOYER:	YOUR TITLE:
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TO: ____/____	CITY, STATE, ZIP	_____
TOTAL MOS. WORKED:	IMMEDIATE SUPERVISOR'S NAME:	_____
HOURS PER WEEK:		REASON FOR LEAVING: _____

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TO: ____/____	CITY, STATE, ZIP	_____
TOTAL MOS. WORKED:	IMMEDIATE SUPERVISOR'S NAME:	_____
HOURS PER WEEK:		REASON FOR LEAVING: _____

DATES	EMPLOYERS	DUTIES
MONTH & YEAR	NAME OF EMPLOYER:	YOUR TITLE:
FROM: ____/____	ADDRESS:	DUTIES PERFORMED:
TO: ____/____	CITY, STATE, ZIP	_____
TOTAL MOS. WORKED:	IMMEDIATE SUPERVISOR'S NAME:	_____
HOURS PER WEEK:		REASON FOR LEAVING: _____

PLEASE CHECK whether there is any issue(s) / incident(s) which occurred during your current or former employment that you think may impact this agency's decision to hire you.

_____ Yes. There is an issue(s) / incident(s) that may impact this agency's hiring decision (if checked, explain more fully below or in an attachment).

_____ No. There is no issue(s) / incident(s) that may impact this agency's hiring decision.

PLEASE TAKE NOTICE that if you do not disclose an issue(s) / incident(s), and this agency later discovers you did not disclose such issue, then this agency MAY REJECT YOUR APPLICATION if the agency believes that the issue / incident should have been disclosed.

Please explain any "Yes" response from above:

**CERTIFICATION: PLEASE READ BEFORE SIGNING
IF NOT SIGNED, THIS APPLICATION MAY BE REJECTED**

I certify under penalty of perjury that the information I entered on this application is true and complete to the best of my knowledge.

I understand that the agency may reject my application if it discovers an issue(s) / incident(s) which occurred during my current or former employment, and I did not disclose such on this job application. I also understand that any false, incomplete, misleading, or incorrect statements may result in my disqualification from the application process or dismissal from employment with this agency.

This application consists of _____ pages in total.

Applicant's Signature (black or blue ink only)

Date Signed