



# BURNEY FIRE PROTECTION DISTRICT

## Employment Application

*We consider applicants for all positions without regard to race, color, politics, religion, sex, national origin, ancestry, age, sexual orientation, marital or veteran status, presence of a disability, or any other legally protected status. Avoid any reference to the above, or response, which would allude to the above. Qualified individuals with disabilities are responsible for informing the Authority at least seven (7) days prior to the final filing date if assistance is needed in completing this application. Resumes may be attached, but they will not be accepted in lieu of this application. Complete the application in its entirety. Omissions may result in a delay or disqualification. Please return application to:*

**Burney Fire Protection District, Attn: Personnel, 37072 Main Street, Burney, CA 96013**

**POSITION APPLYING FOR:** \_\_\_\_\_

PERSONAL INFORMATION			
NAME (Last)	NAME (First)	NAME (Middle)	
ADDRESS (Street)	(City)	(State)	(Zip + 4)
EMAIL ADDRESS		18 years of age or over? YES <input type="checkbox"/> NO <input type="checkbox"/>	
TELEPHONE (Home)		TELEPHONE (Daytime)	
DRIVER'S LICENSE NO.	STATE	EXPIRATION	

PLEASE ANSWER THE FOLLOWING QUESTIONS		*YES	NO
1. Have you ever been employed by Burney Fire Protection District?		<input type="checkbox"/>	<input type="checkbox"/>
* If YES, please explain:			
2. Are you related to any employee of Burney Fire Protection District?		<input type="checkbox"/>	<input type="checkbox"/>
* If YES, please explain:			
3. Are you able to perform the job-related functions of the position you are applying for?		<input type="checkbox"/>	<input type="checkbox"/>
* If NO, please explain:			
4. Have you ever been denied permanent employment, discharged, or forced to resign from any position?		<input type="checkbox"/>	<input type="checkbox"/>
* If YES, please explain:			
5. If hired, can you show verification of your legal right to work in the United States of America?		<input type="checkbox"/>	<input type="checkbox"/>

NAME (Last):

<b>EDUCATION AND TRAINING</b>														
CIRCLE HIGHEST GRADE COMPLETED										DID YOU GRADUATE?				
High School				College				Graduate				YES	NO	GED
1	2	3	4	1	2	3	4	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME AND LOCATION OF HIGH SCHOOL:														
NAME AND LOCATION OF COLLEGE, BUSINESS OR TRADE SCHOOL				DATES FROM: TO:		GRADUATE YES NO		UNITS SEM / QTR		DEGREE / MAJOR RECEIVED				
1.						<input type="checkbox"/> <input type="checkbox"/>								
2.						<input type="checkbox"/> <input type="checkbox"/>								
3.						<input type="checkbox"/> <input type="checkbox"/>								
4.						<input type="checkbox"/> <input type="checkbox"/>								

Do you speak, read or write any language other than English, which may be beneficial to the position for which you are applying?

YES  NO  If yes, what language(s):

**THIS SECTION MUST BE COMPLETED EVEN IF YOU ARE ATTACHING A RESUME**

List **ALL** jobs you have held in the last 10 years beginning with your present or most recent employment.  
 Include active military service, if any, but do not include reason(s) for cessation of military service if applicable.

<b>EXPERIENCE</b>					
EMPLOYMENT DATE From: To:			EMPLOYER		
ADDRESS					
HOURS WEEKLY		TITLE		REASON FOR LEAVING	
DUTIES					
SUPERVISOR'S NAME		EMPLOYER'S PHONE NUMBER		May we contact your employer? Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe Later <input type="checkbox"/>	
EMPLOYMENT DATE From: To:			EMPLOYER		
ADDRESS					
HOURS WEEKLY		TITLE		REASON FOR LEAVING	
DUTIES					
SUPERVISOR'S NAME		EMPLOYER'S PHONE NUMBER		May we contact your employer? Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe Later <input type="checkbox"/>	

NAME (Last):

EXPERIENCE (continued)		
EMPLOYMENT DATE From: _____ To: _____		EMPLOYER
ADDRESS		
HOURS WEEKLY	TITLE	REASON FOR LEAVING
DUTIES		
SUPERVISOR'S NAME	EMPLOYER'S PHONE NUMBER	May we contact your employer? Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe Later <input type="checkbox"/>
EMPLOYMENT DATE From: _____ To: _____		EMPLOYER
ADDRESS		
HOURS WEEKLY	TITLE	REASON FOR LEAVING
DUTIES		
SUPERVISOR'S NAME	EMPLOYER'S PHONE NUMBER	May we contact your employer? Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe Later <input type="checkbox"/>

<b>Describe any specialized training, apprenticeship, and extra-curricular activities.</b>
<b>Please list any specialized skills or other qualifications you have.</b>
<b>State any additional information you feel may be helpful to us in considering your application.</b>

**CERTIFICATE OF APPLICANT**

All answers and statements in this application are true and complete to the best of my knowledge and belief. I understand that untruthful or misleading answers are cause for rejection of this application, removal of name from an eligible list, or dismissal from employment.

I certify that I have read and meet the specific requirements listed on the announcement for this position. I understand that I may be requested to submit proof of qualifications at a later date. If upon checking these, you determine that I do not meet specific requirements, I understand that I will be disqualified.

Burney Fire Protection District advises all applicants that the District is obligated, per the Immigration Reform and Control Act of 1986, to verify eligibility for employment in the United States. Any offer of employment will be contingent upon the employee being authorized to work in the United States and upon the employee providing appropriate documentation verifying eligibility.

In order that the District may verify the accuracy of the information contained in my application, I hereby authorize any former employer, its employees and representatives, or any person listed as a reference to provide any and all information they deem appropriate regarding my employment, job performance, references, education or training, and criminal history, including a right to obtain any criminal history information. This information may be provided either verbally or in writing. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against any former employer, its employees and representatives, or any person listed as a reference, and release any former employer, its employees and representatives, former educational institution, or any person listed as a reference from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of such information by any person or party, whether such information is favorable or unfavorable to me.

I am aware that fingerprinting may be required before or after employment. In addition, I am aware that after an offer of employment has been extended, I may be required to submit to a psychological and/or medical examination, which includes a drug and/or alcohol analysis. I also understand that failure to submit to or satisfactorily complete this examination may result in any offer of employment being withdrawn.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I understand that this application is not a contract of employment.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Please Print Name \_\_\_\_\_