



ESTABLISHED IN 1902
10 ABBEY STREET
PH. (530) 795-4131
FAX (530) 795-5434
WINTERS, CA 95694-1923

APPLICATION FOR EMPLOYMENT An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, or disability. It is our intention that all qualified applicants be given equal opportunity and that selection decision be based on job-related factors.

Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for signature on back page of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences of discrimination based upon non-job-related information.

Job Applied For: _____		Today's Date: _____	
Are you seeking: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary employment? When could you start work? _____			
Last Name	First Name	Middle Name	Telephone Number
Present Street Address		City	ST Zip Code
Are you 18 years of age or older? (If you are hired you may be required to submit proof of age.)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security Number _____		If hired, can you furnish proof you are eligible to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Have you ever applied here before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, when? _____
Were you ever employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, when? _____
Have you ever been convicted of any law violation (except a minor traffic violation)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, give details _____ (A "Yes" answer does NOT automatically disqualify you from employment since the nature of the offense, date, and the job for which you are applying will also be considered.)		
Are you now or do you expect to be engaged in any other business or employment? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please explain _____		
Do you have a valid driver's license?	Driver's License Number _____	
	Class of License _____	
Have you ever had your driver's license suspended or revoked in the last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, give details _____		
Last professional, trade business or civic activities and offices held (Exclude labor organization and memberships which reveal race, color, religion, national origin, sex, age, disability or other protected status.)		

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High School or GED	Address	City	ST	Number of Years
Subjects Studied _____			Diploma/Degree/ Certificate Received	
College or University	Address	City	ST	Number of Years
Subjects Studied _____			Diploma/Degree/ Certificate Received	
Vocational or Technical	Address	City	ST	Number of Years
Subjects Studied _____			Diploma/Degree/ Certificate Received	

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. PLEASE GIVE MONTH AND YEAR.

Name of Employer		Job Title
Address, City, State, Zip		Duties
Telephone		Date of Employment From To
Supervisor	Leaving Salary/mo.	Reason for Leaving

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Have you worked under any other name? Yes No If yes, give name: _____

Are you presently employed? Yes No If yes, may we contact your present employer? Yes No

Have you ever been fired from a job or asked to resign? Yes No

If yes, please explain: _____

Give three references, not relatives or former employers:		
Name	Address	Phone

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all the statements made on this application are true to the best of my knowledge. I understand that any misrepresentations or deliberate omission of a material fact may be justification for disqualification or termination of employment. I agree to undergo any job-related physical examination and drug screening upon conditional offer of employment. I fully understand that employment is contingent upon meeting the Winters Fire Departments background checks and physical/screening requirements. I authorize the Winters Fire Department to verify my qualifications and character with the employers, schools, or persons named on this application, except as noted.

Signature: _____

Date: _____

WINTERS FIRE DEPARTMENT
RECRUITMENT STATISTICAL INFORMATION

The Winters Fire Department is an equal opportunity employer. We request that all applicants complete the following information. Information provided is collected for statistical reporting and analysis purposes only as required by law. Providing this information is voluntary. This form will be detached from your application and the information kept confidential.

Name: _____ Position Desired: _____

Social Security No.: _____ Date of Birth: _____

ETHNICITY:	(Check <u>ONLY one</u> . If you feel that more may be appropriate - select the ONE for which you feel the closest association):
_____	WHITE (Not of Hispanic origin): All persons having origins in any of the original peoples of Europe
_____	BLACK (Not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa.
_____	HISPANIC: All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
_____	MIDDLE EASTERN: All persons having origins in any of the Indian countries or Western Asia.
_____	ASIAN/PACIFIC ISLANDER: All persons having origins in any of the original people of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. These include, for example; China, Japan, Korea, Vietnam, and Samoa.
_____	AMERICAN INDIAN or ALASKAN NATIVE: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
_____	FILIPINO: All persons having origins in any of the original peoples of the Philippine Islands.

Gender (Check One)	_____ Male	Disabled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	_____ Female			

<u>HOW DID YOU LEARN ABOUT THIS JOB OPPORTUNITY</u>	
We would appreciate information on how you heard about this in order to help us determine what is the most effective recruitment source.	
Newspaper - Name: _____	Jobs Available Publication <input type="checkbox"/>
Website - Name: _____	Friend, Colleague, or Acquaintance <input type="checkbox"/>
Bulletin Board - Location: _____	Walk in to Personnel Office <input type="checkbox"/>
Professional Association - Name: _____	Other: _____
Job Journal - Name: _____	