

## **New Hire Process**

#### Part I of 2

- 1. Complete and sign the Application For Employment.
- 2. Complete <u>Driver Record Screening Disclosure</u>.
- 3. Provide a copy of your valid <u>Driver's License</u> AND <u>automobile insurance</u>
- 4. Job Related Agility Test.
- 5. Complete Background Check Release Form.
- 6. Interview with Fire Officers.

# Please note: All of the above must be completed and approved before you begin Step 7.

- 7. Fill in your name and current date at the top of the form.

  Have the form signed/ authorized by the Chief.
- 8. Obtain a physical exam at Doctors on Duty: 615 Ocean Street, Santa Cruz. (831-425-7991).







# **Employment Application**

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital status, sexual orientation, or any other legally protected status.

# PLEASE READ CAREFULLY - WRITE CLEARLY - ANSWER ALL QUESTIONS

Date:			
Name:			
Last	First	Middle	
Home Address:			
Mailing Address:			
How long have you lived at current ac	ldress?		
Home Phone:	Work Phone:		
Mobile Phone:	Model:	/ Саггіег:	
Employer:			
Employer Address:			
After employment, can you show prod	of of citizenship of legal e	entry into county?	
Social Security Number:	Da	ate of birth:	
Valid California Driver's License numb	per:	Class: A B	С
Do you carry auto insurance?	If yes, please atta	ch a current copy of auto po	licy.
Email address:			

Have you ever been convicted of a felony?					
If yes, explain (conviction will not necessarily disqualify applicant):					
Have you ever been employed under another name? If yes, please give name(s):					
List any hobbies, special interests, professional, trade, business or civic activities and office held (you may omit those which indicate your race, religious creed, color, national origin, ancestry, sex or age):					
Names of persons willing to provide professional and/or character references for you:					
Name:					
Address:					
Phone:					
Name:					
Address:					
Phone:					
Name:					
Address:					
Phone:					
Do you have any physical condition that may limit your ability to perform as a firefighter?					
If yes, explain:					
Why are you applying for this position?					

# **Employment History**

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer:		
	Address:		
	Telephone:		
	Job Title:	ervisor:	
		6	То:
	Hourly Rate/Salary: Sta	arting:	Final:
	Worked Performed:		
	Reason for leaving:		
2.	Employer:		
	Address:		
	Telephone:		
	Job Title:	Supe	ervisor:
	Dates Employed: From	•	To:
	Hourly Rate/Salary: Sta	arting:	Final:
	Worked Performed:		
	Reason for leaving:		
3.	Employer:		
	Address:		
	Telephone:		
	Job Title:	Supe	ervisor:
	Dates Employed: From:		То:
	Hourly Rate/Salary: Sta	rting:	Final:
	Worked Performed:	•	
	Reason for leaving:		
4.	Employer:		
	Address:		
	Telephone:		
	Job Title:	Supe	ervisor:
	Dates Employed: From:		To:
	Hourly Rate/Salary: Sta	rting:	Final:
	Worked Performed:		
	Reason for leaving:		

Education												
Circle the highest grade completed:												
1	2	3	4	5	6	7	8	9	10	11	12	
Indicate any Certifications or Degrees obtained:												
Indica	ate any t	foreign	languag	es you	can s	peak, re	ead and	or write	:			
				Fluen	t		Good			Fair		
Spea	k											
Read												
Write												
	ional Inf											
	CPRClass A Driver's License Chain Saw Use						in Saw Use					
First Responder Class B Driver's License Mechanical Skills						hanical Skills						
EMTCarpo			pentry/Building SkillsOther					er				
ParamedicComputer Skills												
Other Qualifications/Fire Service Related Courses Completed:												
Describe any job-related training received in the United States military:												
How did you learn about this position?												

### Applicant's Statement

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

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 acknowledge in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulation of the Employer.

Signature of Applicant	Date