



Wheatland Fire Authority

P.O. Box 119 313 Main Street Wheatland, California 95692
 Telephone (530) 633-0861 Fax (530) 633-8215 www.wheatlandfireauthority.com

Application for the Position of

INSTRUCTIONS: Please read the announcement, so that you understand the qualifications for the position for which you are applying. Print using black ink and insure that the application is legible. Answer all questions accurately and completely. All statements in your application are subject to verification and incorrect or incomplete statements may bar or remove your application from consideration. Read the "Certificate of Applicant" in Section 8 carefully before signing.

1. Personal Data

NAME (Last, First, Middle)	Home Telephone
Mailing Address (Number & Street)	Alternate Telephone
(City, State, Zip Code)	Email Address
If the position you are applying for requires a valid Driver's License, do you possess one? <input type="checkbox"/> YES <input type="checkbox"/> NO	
State: _____	Number: _____
Class: _____	Expiration Date: _____
Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If no, describe the functions that cannot be performed: _____	
(Note: We comply with the ADA/FEHA and consider reasonable accommodation measures that may be necessary for the eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination and/or skill and agility tests).	

2. Work Experience

Is your employment history less than 5 years? YES NO

List all jobs, including military service and pertinent volunteer work. Start with your present/most recent job. Attach additional pages (copies of Page 2 are acceptable) if you need more space. List each promotion as a separate job. List periods of unemployment in excess of 6 months.

STARTING/ENDING DATE MO/YEAR -		NAME & ADDRESS OF PRESENT/MOST RECENT EMPLOYER:
JOB TITLE:	HOURS/WEEK:	SUPERVISOR'S NAME & CONTACT NUMBER
DESCRIBE YOUR MAJOR DUTIES:		
REASON FOR LEAVING:		
MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>		
STARTING/ENDING DATE MO/YEAR -		NAME & ADDRESS OF PRESENT/MOST RECENT EMPLOYER:

JOB TITLE:	HOURS/WEEK:	SUPERVISOR'S NAME & CONTACT NUMBER
DESCRIBE YOUR MAJOR DUTIES:		
REASON FOR LEAVING:		
MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>		

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STARTING/ENDING DATE MO/YEAR -		NAME & ADDRESS OF PRESENT/MOST RECENT EMPLOYER:
JOB TITLE:	HOURS/WEEK:	SUPERVISOR'S NAME & CONTACT NUMBER
DESCRIBE YOUR MAJOR DUTIES:		
REASON FOR LEAVING:		
MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>		

STARTING/ENDING DATE MO/YEAR -		NAME & ADDRESS OF PRESENT/MOST RECENT EMPLOYER:
JOB TITLE:	HOURS/WEEK:	SUPERVISOR'S NAME & CONTACT NUMBER
DESCRIBE YOUR MAJOR DUTIES:		
REASON FOR LEAVING:		
MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>		

STARTING/ENDING DATE MO/YEAR -		NAME & ADDRESS OF PRESENT/MOST RECENT EMPLOYER:
JOB TITLE:	HOURS/WEEK:	SUPERVISOR'S NAME & CONTACT NUMBER
DESCRIBE YOUR MAJOR DUTIES:		
REASON FOR LEAVING:		
MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>		

STARTING/ENDING DATE MO/YEAR -		NAME & ADDRESS OF PRESENT/MOST RECENT EMPLOYER:
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JOB TITLE:	HOURS/WEEK:	SUPERVISOR'S NAME & CONTACT NUMBER
DESCRIBE YOUR MAJOR DUTIES:		
REASON FOR LEAVING:		
MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>		

You may use a copy of this page to add additional employment information

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SELECT HIGHEST GRADE COMPLETED 1-7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>		NAME & LOCATION OF HIGH SCHOOL		IF NOT A HIGH SCHOOL GRADUATE, HAVE YOU PASSED THE GED TEST?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
SCHOOLS ATTENDED AFTER HIGH SCHOOL	LOCATION (City, State)	COURSE OF STUDY	CREDITS EARNED QTR. SEM.		DEGREE OR CERTIFICATE RECEIVED		
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PLEASE DESCRIBE ADDITIONAL COURSEWORK OR TRAINING (INCLUDING MILITARY) WHICH WOULD HELP QUALIFY YOU FOR THE POSITION.							
PLEASE LIST CERTIFICATES/LICENSES OF PROFESSIONAL OR VOCATIONAL COMPETENCE YOU POSSESS. PLEASE INCLUDE CERTIFICATE/LICENSE NUMBERS IF APPLICABLE.							
PLEASE DESCRIBE ANY SKILLS OR KNOWLEDGE YOU HAVE SUCH AS SOFTWARE PROGRAMS, TYPING, MACHINE/EQUIPMENT OPERATING, ETC. THAT RELATE TO THE POSITION.							

4. Criminal History

If you are provided with a conditional job offer, then you will be asked to disclose your criminal conviction history. Note that not all criminal convictions will disqualify you from employment. The nature of the offense, the date of the offense, the surrounding circumstances, and the relevance of the offense to the position applied for will be considered.

5. Additional Information

A. HAVE YOU EVER WORKED FOR THE WHEATLAND FIRE AUTHORITY, WHEATLAND FIRE DEPARTMENT OR PLUMAS BROPHY FIRE DISTRICT? IF YES, PLEASE CITE THE DATES AND REASON FOR LEAVING.

B. ARE YOU RELATED TO ANYONE CURRENTLY WORKING FOR THE WHEATLAND FIRE AUTHORITY? IF YES, PLEASE LIST THEIR NAME(S) BELOW. Note that we may refuse to hire relatives of present employees if doing so could result in actual or potential problems in supervision, security, safety, or morale, or if doing so could create conflicts of interest.

C. WHAT LANGUAGES OTHER THAN ENGLISH DO YOU SPEAK AND UNDERSTAND?

D. USE THIS SPACE TO PROVIDE ADDITIONAL INFORMATION AS REQUIRED BY THIS APPLICATION OR TO DESCRIBE IN GREATER DETAIL ANY ASPECTS OF YOUR EXPERIENCE, TRAINING, EDUCATION OR PERIODS OF UNEMPLOYMENT.

6. References

	NAME	PHONE NUMBER	BUSINESS	YEARS KNOWN
1.				
2.				

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7. Emergency Contact Information

PLEASE PROVIDE AN EMERGENCY CONTACT NAME BELOW:				
NAME	RELATIONSHIP	HOME PHONE	WORK PHONE	OTHER PHONE

IF APPOINTED TO A FIRE AUTHORITY POSITION, APPLICANTS WILL BE REQUIRED TO SUBMIT PROOF OF LEGAL AUTHOIZATION TO WORK IN THE U.S. UPON APPONTMENT. APPOINTEES MAY BE FINGERPRINTED AND/OR SUBJECT TO A MEDICAL EXAMINATION AT THE FIRE AUTHORITY’S EXPENSE. FAILURE TO PASS THE MEDICAL EXAMINATION MAY BE DISQUALIFYING. CONVICTION RECORDS WILL BE CHECKED IN ACCORDANCE WITH APPLICABLE LAW.

8. Certificate of Applicant – Please read carefully, initial each paragraph, and sign below

____. I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any false or misleading information on this application or any document used to secure employment or any dishonesty in connection with any aspect of the hiring process shall be grounds for rejection of this application, refusal of employment, removal of my name from an employment list, and/or dismissal from employment with the Wheatland Fire Authority.

____. I hereby authorize the Wheatland Fire Authority to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment and, further, authorize the references and former employers I have listed to disclose to the City any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosures. In addition, I hereby release the Wheatland Fire Authority, my former employers, my former managers, supervisors, and co-workers, and all other persons, corporations, partnerships and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

SIGNATURE	DATE (MO/DAY/YEAR)
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SUPPLEMENTAL QUESTIONNAIRE

Please read carefully before filling out application materials. Use a separate piece of paper to answer the questions listed below.

1. Have you read the requirements for the position you are applying for and understand them?
2. Do you understand that there are required and mandatory training sessions to attend (currently the second and fourth Wednesday of each month)?
3. Will there be a problem meeting those training requirements?
4. Do you understand that emergency and non-emergency responses can occur at anytime, any day of the week (including holidays, birthdays and anniversaries) and anywhere in the area covered by the Fire Authority?
5. Will there be a problem with you responding under any of those circumstances?
6. Were you referred here by someone? If YES, who referred you?
7. Why do you want to become a Volunteer Firefighter and work for the Wheatland Fire Authority?
8. Are you an EMT? If YES, list your certification number and county or EMS Authority of issue.
9. Do you have a valid CPR card? If YES, when does it expire?
10. Do you have email and/or internet access at home?
11. What other skills (such as mechanic, carpenter, etc.) do you possess?