

FORT JONES FIRE DEPARTMENT

31 Newton St.
 Fort Jones, CA 96032
 (530) 468-2261



Application for Membership

APPLICANT INFORMATION

Last Name		First		M.I.	DOB	/ /	
Street Address				Apartment/Unit #			
City			State	ZIP			
Home Phone			E-mail Address				
Cell Phone		Social Security No.		-	-	Driver's License No.	
Hair	Eyes	Height	Weight	Sex	M <input type="checkbox"/>	F <input type="checkbox"/>	Blood

EDUCATION

Degree/Certificate Earned							
Institution					Graduation Year		
Degree/Certificate Earned							
Institution					Graduation Year		

EMERGENCY CONTACT INFORMATION

Name	Relationship		Phone
Physical Address			

REFERENCES

Please list three references. (At least one professional reference.)

Full Name	Relationship	
Company	Phone	
Address		
Full Name	Relationship	
Company	Phone	
Address		
Full Name	Relationship	
Company	Phone	
Address		

ATTACH COPIES OF CERTIFICATES, DRIVER'S LICENSE, ETC.

PREVIOUS EMPLOYMENT			
Company		Phone	
Address		Supervisor	
Job Title		May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	
From	To	Reason for Leaving	
Company		Phone	
Address		Supervisor	
Job Title		May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	
From	To	Reason for Leaving	
Company		Phone	
Address		Supervisor	
Job Title		May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	
From	To	Reason for Leaving	

BACKGROUND QUESTIONNAIRE (IF YES, PLEASE EXPLAIN. USE A SEPARATE SHEET OF PAPER, IF NEEDED.)		
Do you have any physical, mental, or medical impairment that would limit your performance as a firefighter/EMT?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Do you have any previous fire/EMS experience?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever resigned from employment in lieu of termination or as a result of any allegations of conduct whether found or not?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever had any problems with your supervisors?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever had any conflicts or problems with the public?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever taken anything from your employer without authorization?	YES <input type="checkbox"/> NO <input type="checkbox"/>	

By signing this application you certify that all of your answers are true and correct to the best of your knowledge. You give consent for FJFD and its associates to contact your listed references. Furthermore, you consent to a background check and its information to be released to FJFD.

Name (print): _____ Signature: _____ Date: _____

DEPARTMENT USE ONLY	
DEPARTMENT MEMBER VOTE:	YES <input type="checkbox"/> NO <input type="checkbox"/>
FIRE CHIEF'S APPROVAL AND INTERVIEW: _____	

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