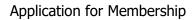
FORT JONES FIRE DEPARTMENT

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





APPLICANT INFORMATION																	
Last Name						First					M.I.		DOB	1	/	/	
Street Address									Apartmen			nent/L	Jnit #				
City							ate			ZIP							
Home Phone							E-mail Address										
Cell Phone			!			Social Security No.		-	-		Drive	nse No	о.				
Hair			Eyes		Height		Weight	/eight		Sex	M \square F \square		В	Blood			
				I													
EDUCATION																	
Degree/Certificate Earned																	
Institution							Graduat			Graduatio	n Year						
Degree/Certificate Earned																	
Institu	ution							Grad			Graduatio	n Year					
EMERGENCY CONTACT INFORMATION																	
Name					Re	Relationship				Phone							
Physical Address																	
	RENCE				,												
Please list three references. (At least one professional reference.) Full Name Relationship																	
										SHIP							
Comp									Phone								
Address																	
Full N									Relation	ship							
Comp									Phone								
Address																	
Full N	ame								Relation	ship							
Comp	any							I	Phone								
Addre	ss																

PREVIOUS EMPLOYMENT										
Company			Phone	ne						
Address				Super	ervisor					
Job Title		May we cont	act your p	r previous supervisor for a reference? YES $\ \square$ NO $\ \square$						
From	То	Reason for Leaving								
Company				Phone	ne					
Address				Super	ervisor					
Job Title			May we contact your previous supervisor for a reference? YES NO							
From	То									
Company				Phone	ne					
Address				Super	ervisor					
Job Title			May we cont	act your p	previous supervisor for a reference? YES \(\square\) NO \(\square\)					
From	То	Reason for Leaving								
DACKGROUND QUESTIONNAIDE (TE VES DI FASE EVRI AIN LISE A SERARATE SUEET OF RARER TE MERRER)										
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?										
Do you have any previous fire/EMS experience? YES □ NO □										
Have you ever resigned from employment in lieu of termination or as a result of any allegations of conduct whether found or not?										
Have you ever had any problems with your supervisors?										
Have you ever had any conflicts or problems with the public?										
Have you ever taken anything from your employer without authorization?										
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 (pri	nt):		- Signature:		Date:					
DEPARTMENT USE ONLY										
DEPARTMENT MEMBER VOTE: YES \(\subseteq NO \subseteq \)										
FIRE CHIEF'S APPROVAL AND INTERVIEW:										