

# MONTEZUMA FIRE PROTECTION DISTRICT

21 N 4TH STREET

RIO VISTA, CA 94571

OFFICE: 707-374-5962

FAX: 707-374-4999

VOLUNTEER FIREFIGHTER APPLICATION DATE: \_\_\_\_\_

|                                                                                             |                |           |                        |                    |        |            |
|---------------------------------------------------------------------------------------------|----------------|-----------|------------------------|--------------------|--------|------------|
| FIRST NAME                                                                                  | MIDDLE INITIAL | LAST NAME |                        |                    |        |            |
| PRESENT STREET ADDRESS                                                                      |                |           |                        | CITY               | STATE  | ZIP        |
| PHONE NUMBER                                                                                |                |           | CELL PHONE NUMBER      |                    |        |            |
| E-MAIL ADDRESS                                                                              |                |           | SOCIAL SECURITY NUMBER |                    |        |            |
| xxx / xx /                                                                                  |                |           |                        |                    |        |            |
| Are you able to perform the essential functions of the position for which you are applying? |                |           |                        | yes:               | no:    |            |
| Do you have the legal right to work and be employed in the U .S.?                           |                |           |                        | YES:               | NO:    | if no why: |
| ARE YOU AT LEAST AGE 18?                                                                    |                | YES:      | NO:                    | DRIVERS LICENSE #: | STATE: | CLASS:     |
| Do you have a reliable means of transportation to and from work?                            |                |           |                        | YES:               | NO:    | if no why: |

## EDUCATION

| GRADE SCHOOL | NAME OF SCHOOL  | GRADULATED<br>YES: NO: | NUMBER OF YEARS |                 | AVERAGE GRADE |
|--------------|-----------------|------------------------|-----------------|-----------------|---------------|
| HIGH SCHOOL  | NAME OF SCHOOL  | GRADULATED<br>YES: NO: | NUMBER OF YEARS | COURSE OR MAJOR | AVERAGE RADE  |
| COLLEGE      | NAME OF COLLEGE | GRADULATED<br>YES; NO: | NUMBER OF YEARS | COURSE OR MAJOR | AVERAGE GRADE |
| COLLEGE      | NAME OF COLLEGE | GRADULATED<br>YES: NO: | NUMBER OF YEARS | COURSE OR MAJOR | AVERAGE GRADE |
| OTHER        | NAME OF SCHOOL  | GRADULATED<br>YES: NO: | NUMBER OF YEARS | COURSE OR MAJOR | AVERAGE GRADE |

## GENERAL INFORMATION

|                                                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| HAVE YOU EVER WORKED FOR THE DISTRICT BEFORE? YES: NO: IF YES WHAT YEARS:                                                                             |
| DATE YOU ARE AVAILABLE TO START?                                                                                                                      |
| DAYS AND HOURS AVAILABLE TO WORK:- SUNDAY--- MONDAY--- TUESDAY---- WEDNESDAY--- THURSDAY--- FRIDAY--- SATURDAY<br>HOURS FROM:<br>HOURS TO:            |
| WHAT INTERESTED YOU IN BEING A VOLUNTEER IN THE DISTRICT?                                                                                             |
| WHAT ARE YOUR HOBBIES, SPECIAL INTERESTS, AND ACTIVITIES?                                                                                             |
| HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A TRAFFIC VIOLATION? YES: NO: EXPLAIN THE CHARGE, THE COURT, THE DATE AND DISPOSITION OF THE CASE: |

DO YOU HAVE ANY SPECIAL TRAINING, EXPERIENCE, OR ABILITY THAT WOULD BE OF VALUE TO THE DISTRICT?

WILL YOUR EMPLOYER ALLOW YOU TO RESPOND DURING WORK HOURS TO EMERGENCY CALLS: YES: NO:  
DRILLS ARE HELD ON THE FIRST TUESDAY OF EVERY MONTH AT 6:00 P.M. TO 9:00 P.M. WILL YOU BE ABLE TO REGULARLY  
ATTEND THESE DRILLS? YES: NO: IF NO WHY:

## EMPLOYMENT//WORK HISTORY//EXPERIENCE

LIST ALL OF YOUR JOBS IN THE PAST FIVE YEARS. (IF APPLICABLE, YOU MAY LIST WORK PERFORMED ON A VOLUNTARY BASIS.)

**COMPANY #1 (PRESENT OR MOST RECENT EMPLOYER)** ADDRESS TELEPHONE NUMBER

EMPLOYED (MONTH AND YEAR) JOB TITLE AVERAGE # OF HOURS WORKED PER WEEK  
FROM: / TO: / ( )

STILL WORKING OR REASON FOR LEAVING:

MAY WE CONTACT THIS EMPLOYER? YES: NO: IF NO WHY:

**COMPANY #2 (PRESENT OR RECENT EMPLOYER)** ADDRESS TELEPHONE NUMBER

EMPLOYED (MONTH AND YEAR) JOB TITLE AVERAGE # OF HOURS WORKED PER WEEK  
FROM: / TO: / ( )

REASON FOR LEAVING?

MAY WE CONTACT THIS EMPLOYER? YES: NO: IF NO WHY:

**COMPANY #3 (RECENT EMPLOYER)** ADDRESS TELEPHONE NUMBER

EMPLOYED (MONTH AND YEAR) JOB TITLE AVERAGE # OF HOURS WORKED PER WEEK  
FROM: / TO: / ( )

REASON FOR LEAVING?

MAY WE CONTACT THIS PAST EMPLOYER? YES: NO: IF NO WHY:

| PLEASE PROVIDE THE NAMES, ADDRSES AND PHONE NUMBERS OF AT LEAST TWO REFERENCE WHO ARE NOT RELATED TO YOU. |         |              |
|-----------------------------------------------------------------------------------------------------------|---------|--------------|
| NAME:                                                                                                     | ADDRESS | PHONE NUMBER |
| _____                                                                                                     | _____   | _____        |
| NAME                                                                                                      | ADDRESS | PHONE NUMBER |
| _____                                                                                                     | _____   | _____        |
| NAME                                                                                                      | ADDRESS | PHONE NUMBER |
| _____                                                                                                     | _____   | _____        |

I hereby certify that the information contained in this application form is true and correct to the best of my knowledge and agree to have any of the statements checked by the District unless I have indicated to the contrary. I authorize the references listed above, as well as all other individuals whom the District contacts , to provide the District any and all information concerning my previous employment and any other pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the District as well as from any use or disclosure of such information by the District or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer or, if I am hired my immediate dismissal from employment.

In consideration of my employment, I agree to conform to the rules and standards of the Montezuma Fire Protection District. I further agree that my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or at the option of the District. I understand that no employee or representative of the District, other than its fire chief, had the authority to enter into any agreement for employment for any specified period of time, or to make any express or implied agreement contrary to the foregoing. Further, the fire chief of the District may not alter the at-will nature of the employment agreement for a specified time unless the fire chief and I both sign a written agreement that clearly and expressly specifies the intent to do so. I agree that this shall constitute a final and fully binding integrated agreement with respect to the at-will nature of my employment relationship and that there are no oral or collateral agreements regarding this issue.

I also understand that all offers of employment are conditioned on the District's receipt of satisfactory responses to reference requests and the provision on satisfactory proof of an applicant's identity and legal authority to work in the United States. Offers of employment are also conditioned on a pre-employment drug test, a live scan by the Rio Vista Police Department and on the satisfactory completion of a post-offer medical examination.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

AN EQUAL OPPORTUNITY EMPLOYER