
EMPLOYMENT RECORD (from the most current – backwards)

Name of present or last Employer: _____

Address: _____
Street City State Zip Phone Number

Starting date: _____ **Leaving date:** _____ **Reason for leaving:** _____
Month/year Month/year

Your Job Title: _____ **Name of Supervisor:** _____

Description of Work: _____

Name Employer: _____

Address: _____
Street City State Zip Phone Number

Starting date: _____ **Leaving date:** _____ **Reason for leaving:** _____
Month/year Month/year

Your Job Title: _____ **Name of Supervisor:** _____

Description of Work: _____

Name of Employer: _____

Address: _____
Street City State Zip Phone Number

Starting date: _____ **Leaving date:** _____ **Reason for leaving:** _____
Month/year Month/year

Your Job Title: _____ **Name of Supervisor:** _____

Description of Work: _____

REFERENCES - Please list names of three persons not related to you, whom you have known at least 3 years.

<u>Name</u>	<u>Address</u>	<u>Phone Number</u>	<u>Years Acquainted</u>

MILITARY SERVICE RECORD

Branch of Service: _____ **Rank:** _____ **Dates Served:** _____

Discharge Date: _____ **Type of Discharge:** _____

GENERAL ITEMS:

List any search and rescue experience you have and certifications obtained.

Briefly describe why you would like to be a part of the Eureka Fire Protection District Search and Rescue Team.

AUTHORIZATION:

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if I am successful in obtaining membership, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above, to give any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and other persons, agencies and departments, as follows, but not limited to: all law enforcement agencies for a record check, the Veterans Administration, all branches of the U.S. Armed Forces, all federal, state or local government agencies, state and federal tax bureaus, credit bureaus, schools and universities, and release all parties from all liability for any damage that may result from furnishing same to you. I understand and agree that, my membership to the team is for no definite period and may be terminated at any time without prior notice.”

“I acknowledge that the District may check my driver’s license status.”

Signature of Applicant

Date of Application