

# Eureka Fire Protection District Employment Application

**Date of application:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Name:** \_\_\_\_\_

Last

First

Middle

Social Security Number

**Present Address:** \_\_\_\_\_

Street

City

State

Zip

Phone Number

If less than 3 years at the above address, please list previous address:

**Previous Address:** \_\_\_\_\_

Street

City

State

Zip

**Drivers License Number:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Class:** \_\_\_\_\_ **Exp date:** \_\_\_\_\_

<b>Are you at least 18 years of age?</b>	<b>Are you a citizen of the U.S.?</b>
YES / NO	YES / NO

**In case of emergency notify:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Street

City

State

Zip

Phone Number

## EDUCATION

Level	Name and Location of School	Dates Attended	Certification or License Number	Expiration Date
High School			N/A	N/A
College			N/A	N/A
Other Schools			N/A	N/A
CPR				
EMT				
EMT-P				
ACLS				
PHTLS				
PALS				
Firefighter I				
Firefighter II				

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**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:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**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:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**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 experience you have in the emergency services field (Fire or EMS).**

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**Briefly describe why you would like to be employed by the Eureka Fire Protection District.**

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**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 is for no definite period and may, be terminated at any time without prior notice.”

“I am also aware that if selected for membership, I will be asked to take a pre-placement examination performed by a licensed physician selected by the Fire District. The Fire District will pay all cost for this examination. During the aforementioned examination, I am aware that drug testing will be done to determine the presence of any foreign substance in my body and if confirmed positive, I will not be eligible for membership with the Eureka Fire Protection District.”

“I acknowledge that the District will check my driver’s license status. I am aware that I must maintain a valid driver’s license while a member of the Eureka Fire Protection District.

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

\_\_\_\_\_  
Date of Application