PLEASE PRINT OR TYPE

APPLICANT'S NAME (Last)			irst)	(M.I.)	(Suffix)		
MAI	LING ADDRESS				HOME TELEPH	ONE NUMBER	
(City) (County)			(State) (Zip Code)		CELL TELEPHONE NUMBER		
JOE	TITLE(S) FOR WHICH YOU AR	APPLYING	1	1			
ANS	SWER THE FOLLOWING QUEST	IONS:					
1.	Are you a Citizen of the United S	YES	NO				
2.	Have you ever filed an applicatio	YES	NO				
3.							
	a. Been dismissed or fired from a position for any reason?				YES	NO	
	b. Resigned from or quit a posit	informed					
	discipline would be taken agai	nst you, or during	g an appeal from a discipl	inary action?	YES	NO	
	c. Been rejected or told you wo	uld not receive pe	ermanent or continued en	nployment during any type			
	of probationary or trial period	I on the job?			YES	NO	
4.	In addition to English, list any oth	er languages you	ı speak, read, or write flue	ently:			
5.	Are you related to anyone now in the District's employ or on the Board of Directors, the Consulting, Engineering or the Attorney's staff? If answer is yes, state name of relative and organization he or she is affiliated with. YES NO						
6.	Do you possess a valid California	Driver License?	(If "Yes", fill in the inform	ation below.)	YES	NO	
	License #	Class:	Restrictions:				
7.	Are you currently employed?				YES	NO	
8.	May we contact your present em	ployer?			YES	NO	
9.	Have you attended a Fire Acade	-			YES	NO	
	When:	Where:					
10.	Do you possess a CA State EMT or Paramedic license? YES NO EMT License # Paramedic License #						
11.	DETAILS OR EXPLANATIONS						
11.	REFERENCES: Please list thre	e references exc	cluding relatives or form	ner employers			
	Name		Addr	ess	Ph	one	
	1. 2. 3.						
CEI	RTIFICATION - PLEASE READ B	EEODE SIGNIN	G If not signed this ar	nolication may be rejected			
	certify under penalty of periury that				to the best of my	chowlodgo I further	

I certify under penalty of perjury that the information I have entered on this application is true and complete to the best of my knowledge. I further understand that any false, incomplete, or incorrect statements may result in my disqualification from the examination process or dismissal from employment with the Arrowbear Lake Fire Department. I authorize the employers and educational institutions identified on this application to release any information they may have concerning my employment or education to the Arrowbear Lake Fire Department.

APPLICANT'S SIGNATURE

DATE SIGNED

We consider applicants for all positions without regard to race, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition, handicap or any other legally protected status. Please contact the District if any special accommodations are needed.

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12. EDUCATION								
DID YOU GRADUATE FROM HIGH SCHOOL? YES NO	IF NO	OT, DO YOU POSSESS A GED OR EQUIVALENT? IF NOT, ENTER THE HIGHEST GRADE YOU CO			COMPLETED			
UNIVERSITY OR COLLEGE – NAME AND LOCATION BUSINESS, CORRESPONDENCE, TRADE OR SERVICE SCHOOL		YES COURSE OF STUDY		NO UNITS COMPLETE SEMESTER QU		PLETED QUARTER	· · · · · · · · · · · · · · · · · · ·	
13. LIST BELOW VALID LICENSES, CERTIFICATES (F PROFF	SSIONAL OR VOCATI	ONAL	OMPETENCE	OR N	MEMBERSHIP IN	PROFESSIONAL ASSOCIATIONS	
LICENSE/CERTIFICATION NUMBER		ISSUED DATE		PIRATION DATE			ADDITIONAL INFORMATION	

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14. EMPLOYMENT HISTORY—Begin with your most recent job. List each job separately.						
START DATE	END DATE	JOB TITLE/CLASSIFICATION (Include Range or Level, If applicable)				
HOURS PER WEEK	SUPERVISOR	COMPANY/STATE AGENCY NAME				
ADDRESS						
DUTIES PERFORMED						
REASON FOR LEAVING						
EMPLOYMENT HISTORY						
START DATE	END DATE	JOB TITLE/CLASSIFICATION (Include Range or Level, If applicable)				
HOURS PER WEEK	SUPERVISOR	COMPANY/STATE AGENCY NAME				
ADDRESS						
DUTIES PERFORMED						
REASON FOR LEAVING						
EMPLOYMENT HISTORY	END DATE	IOD TITLE (CLASCIFICATION / Individe Press and eval of environble)				
START DATE	END DATE	JOB TITLE/CLASSIFICATION (Include Range or Level, If applicable)				
HOURS PER WEEK	SUPERVISOR	COMPANY/STATE AGENCY NAME				
ADDRESS						
DUTIES PERFORMED						
REASON FOR LEAVING						
NEASON FOR LEAVING						

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EMPLOYMENT HISTORY		
START DATE	END DATE	JOB TITLE/CLASSIFICATION (Include Range or Level, If applicable)
HOURS PER WEEK	SUPERVISOR	COMPANY/STATE AGENCY NAME
ADDRESS		
DUTIES PERFORMED		
REASON FOR LEAVING		
EMPLOYMENT HISTORY		
START DATE	END DATE	JOB TITLE/CLASSIFICATION (Include Range or Level, If applicable)
HOURS PER WEEK	SUPERVISOR	COMPANY/STATE AGENCY NAME
HOOKOT EK WEEK	OU ENVIOUR	OUNI ANTIOTATE AGENOT NAME
ADDRESS		
DUTIES PERFORMED		
REASON FOR LEAVING		
EMPLOYMENT HISTORY		
START DATE	END DATE	JOB TITLE/CLASSIFICATION (Include Range or Level, If applicable)
HOURS PER WEEK	SUPERVISOR	COMPANY/STATE AGENCY NAME
ADDRESS	L	
DUTIES PERFORMED		
REASON FOR LEAVING		