



POSITION
APPLYING FOR:

FOR INTERNAL USE ONLY:

APPLICATION FOR EMPLOYMENT

North County Regional Fire Authority (NCRFA) is an Equal Opportunity Employer and does not discriminate on the basis of race, sex, age, color, religion, national origin, marital status, disability status, or any other basis prohibited by federal, state or local law.

SPECIAL ACCOMMODATIONS: NCRFA strives to provide accessible meetings for people with disabilities. Please call 360-629-2184 or 1-800-833-8388 (TDD only) prior to the written examination if special accommodations are required.

CHECK JOB ANNOUNCEMENT. IF SUPPLEMENTAL QUESTIONNAIRE IS REQUIRED, ATTACH IT TO YOUR APPLICATION. AN INCOMPLETE APPLICATION MAY DISQUALIFY YOU.

NAME: _____ TODAY'S DATE: _____
Last, First, Middle

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: HOME: _____ WORK: _____

EMAIL: _____

ARE YOU OVER THE AGE OF 18? YES NO

ARE YOU PREVENTED BY VISA OR IMMIGRATION STATUS FROM LAWFULLY WORKING IN THE UNITED STATES?
YES NO

(Documentation of authorization to work in the U.S. will be required if an offer of employment is made and accepted.)

DO YOU POSSESS A VALID DRIVER'S LICENSE? YES NO

ARE YOU CURRENTLY EMPLOYED? YES NO

WHAT DATE ARE YOU AVAILABLE TO WORK? _____ DAYS NIGHTS WEEKENDS

EDUCATION:

TYPE OF SCHOOL	SCHOOL & LOCATION	MAJOR COURSE	DEGREE
HIGH SCHOOL OR G.E.D.			
BUSINESS OR TECH			
UNDERGRADUATE AND GRADUATE STUDIES			
OTHER COURSES AND TRAINING			

SPECIALIZED SKILLS AND ADDITIONAL INFORMATION: (Attach additional pages if more space is needed)

LIST SPECIAL SKILLS AND PROFESSIONAL LICENSES:

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LIST COMPUTER HARDWARE/SOFTWARE USED INCLUDING THE TYPE, NAMES OF PROGRAMS AND YOUR PROFICIENCY

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OTHER QUALIFICATIONS: Summarize special job-related skills and qualifications acquired from employment or other experience that may help you meet the requirements to perform the duties of the job for which you are applying.

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WORK HISTORY: Beginning with your present or most recent employment, list your work/experience history for the last ten years, or experience prior to that time, which is directly related to the position for which you are applying. Attach additional sheets as necessary. Be sure to include any non-paid experience that is related to the job for which you are applying. COMPLETE THE FOLLOWING SECTIONS EVEN IF YOU ARE SUBMITTING A RESUME IN ADDITION TO THIS APPLICATION. AN INCOMPLETE APPLICATION MAY DISQUALIFY YOU.

1) EMPLOYER NAME:

ADDRESS:

PHONE:

FROM:

TO:

YOUR TITLE:

SUPERVISOR:

PRIMARY DUTIES:

REASON FOR LEAVING:

2) EMPLOYER NAME:

ADDRESS:

PHONE:

FROM:

TO:

YOUR TITLE:

SUPERVISOR:

PRIMARY DUTIES:

REASON FOR LEAVING:

3) EMPLOYER NAME:		
ADDRESS:		
PHONE:	FROM:	TO:
YOUR TITLE:	SUPERVISOR:	
PRIMARY DUTIES:		
REASON FOR LEAVING:		

4) EMPLOYER NAME:		
ADDRESS:		
PHONE:	FROM:	TO:
YOUR TITLE:	SUPERVISOR:	
PRIMARY DUTIES:		
REASON FOR LEAVING:		

Note to applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING: Are you capable of performing in a reasonable manner, with or without reasonable accommodation, the activities involved in the job or occupation for which you have applied? (A description of the activities in such a job or occupation is attached). **YES** **NO**

Accuracy of Information. I certify that the information in this application is correct to the best of my knowledge. I understand that any misrepresentation or omission of any fact in my application, resume, or any other materials, or during interviews is grounds for disqualification from further consideration for employment, or for termination if employed.

Information Release. I authorize NCRFA to contact any company, institution, or individual it deems appropriate to investigate my employment history, character, qualifications, driving record, criminal background, and other job-related information. I give my full consent for all contacted persons, including former employers, to provide the information concerning this application. Further, I waive my right to bring a claim against these individuals for any damages arising from furnishing the requested information to NCRFA. I also release NCRFA from all liability that might result from checking such references.

Drug Testing. A post-offer drug and/or physical examination may be required. I understand that, as allowed by the Americans with Disabilities Act, any offer of employment may be withdrawn if I test positive for drugs and/or if a condition is discovered which does not permit me to perform the essential functions of the job and for which no reasonable accommodation can be made.

Application Status. I understand that this application is current for only 60 days. At the conclusion of this time, if I have not heard from NCRFA and still wish to be considered for employment, it will be necessary to fill out a new application.

AT-WILL EMPLOYMENT. I UNDERSTAND THAT IF I AM HIRED, MY EMPLOYMENT WITH NCRFA IS “AT-WILL” AND MAY BE TERMINATED BY ME OR BY NCRFA AT ANY TIME FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. I UNDERSTAND THAT NO EMPLOYMENT OFFER IS BEING MADE BY NCRFA AT THIS TIME. I ALSO UNDERSTAND THAT NOTHING IN THIS APPLICATION IS INTENDED TO IMPLY OR CREATE AN EMPLOYMENT CONTRACT AND THAT NO NCRFA REPRESENTATIVE HAS THE AUTHORITY TO MAKE ANY ASSURANCE TO THE CONTRARY.

Signature: _____

Date: _____