



City of Arroyo Grande
 Personnel Department
 P.O. Box 550
 214 East Branch Street
 Arroyo Grande, CA 93421
 (805) 473-5410

The law prohibits discrimination because of age, sex, religion, race, color, marital status, disability, national origin, sexual orientation, or any legally protected status and required affirmative action in the hiring of disabled and veterans. The City of Arroyo Grande is an equal opportunity employer. If you need assistance in completing this application, please let us know.

Position applying for: Reserve Firefighter

NAME: Last	First	Middle	SOCIAL SECURITY NO:
PRESENT ADDRESS:			HOME TELEPHONE NO:
No.	Street	Apt. #	City State Zip Code
ARE YOU LEGGALLY AUTHORIZED TO WORK IN THE US: Yes <input type="checkbox"/> No <input type="checkbox"/>		ARE YOU RELATED TO ANY CITY EMPLOYEE? Yes <input type="checkbox"/> No <input type="checkbox"/>	IF UNDER 18, CAN YOU SUBMIT A WORK PERMIT OR GED, AFTER EMPLOYMENT? Yes <input type="checkbox"/> No <input type="checkbox"/>
HAVE YOU EVER USED A DIFFERENT NAME? Yes <input type="checkbox"/> No <input type="checkbox"/>		WOULD YOU OBJECT TO THIS OFFICE CONTACTINT YOUR CURRENT OR PREVIOUS EMPLOYERS? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, what name(s)? _____		IF YES, EXPLAIN: _____	
HAVE YOU EVER BEEN CONVICTED OF A FELONY? Yes <input type="checkbox"/> No <input type="checkbox"/> (Conviction will not necessarily disqualify an applicant for employment. Attach additional sheets if necessary).			
If yes, please state date, charge, and circumstances:			
HAVE YOU EVER BEEN FIRED OR ASKED TO RESIGN FROM ANY EMPLOYMENT? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, please state company, date, and explain circumstances:			

EDUCATION

TYPE OF SCHOOL	NAME & ADDRESS OF SCHOOL	NUMBER OF UNITS COMPLETED		DEGREE, DIPLOMA OR CERTIFCATE AWARDED	MAJOR COURSE OF STUDY
		SEMESTERS	QUARTERS		
HIGH SCHOOL					
TRADE SCHOOL					
COLLEGE/UNIVERSITY					
GRADUATE					

SKILLS

LIST ANY PROFESIONAL LICESES OR CERTIFICATES YOU HAVE (if required):	TYPING (if required): Yes <input type="checkbox"/> No <input type="checkbox"/> SPEED:
LIST ANY COMPUTER SKILLS YOU HAVE:	LIST ANY SPECAIL EQUIPMENT OR MACHINES YOU CAN OPERATE (if required):

EMPLOYMENT RECORD (Resumes may be attached, buy cannot be substituted for the application.)

(Please start with your most recent employer. List all jobs from the past 10 years. List U.S. Military experience as a job.)

COMPANY NAME:	SUPERVISOR'S NAME AND TITLE:	ADDRESS AND TELEPHONE Street City State	EMPLOYMENT DATES From:	POSTION	SALARY	REASON FOR LEAVING
		Telephone:	To:			

GIVE A BRIEF DESCRIPTION OF YOUR DUTIES AND RESPONSIBILITIES IN THE ABOVE POSITION:

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EMPLOYMENT RECORD (cont'd)

COMPANY NAME:	SUPERVISOR'S NAME AND TITLE:	ADDRESS AND TELEPHONE Street City State	EMPLOYMENT DATES From:	POSTION	SALARY	REASON FOR LEAVING
		Telephone:	To:			

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		Telephone:	To:			

GIVE A BRIEF DESCRIPTION OF YOUR DUTIES AND RESPONSIBILITIES IN THE ABOVE POSITION:

If required for this position, do you hold a valid Driver's License? Yes Class _____ Lic. # _____ No Ability to get one

I understand that completion of this application does not in any way obligate the City to hire me or offer me a position. I understand that to be employed I must produce documents establishing my identity and legal authorization for employment in the United States.

I understand that if hired, my employment may be terminated by the City due to any misrepresentation or inaccuracy of my statements contained herein. I authorize the City to investigate all statements contained in this application for accuracy and completeness, and to obtain any transcripts, records, or documents pertaining to my background and business experience, as required by the City. I hereby release the City, its officers, employees, representatives or agents, from any and all liability and/or damage incurred to myself in obtaining such information.

If offered employment, the City may required me to take a physical examination, the results of which I agree can be reported to the City. This evaluation may also include a pre-employment drug screening examination as part of my application for employment to which I also consent. I understand that either refusal to submit to the pre-employment drug screening examination or physical, or failure to qualify according to the standards established by the City may disqualify me from further consideration for employment. I also agree to and understand that I may have to be fingerprinted and take my loyalty oath.

If hired, I agree to conform to the rules and regulations of this City as issued. These rules may be changed and updated periodically.

I certify that all statements made on this application are true, complete, and accurate to the best of my knowledge.

APPLICANT'S SIGNATURE _____ **DATE** _____

(Please attach on a separate sheet, any other information you think would be helpful to us in considering you for employment.)