

EMPLOYMENT RECORD (cont'd)

COMPANY NAME:	SUPERVISOR'S NAME AND TITLE:	ADDRESS AND TELEPHONE Street City State	EMPLOYMENT DATES From:	POSITION	SALARY	REASON FOR LEAVING
		Telephone:				
GIVE A BRIEF DESCRIPTION OF YOUR DUTIES AND RESPONSIBILITIES IN THE ABOVE POSITION:						

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		Telephone:				
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.

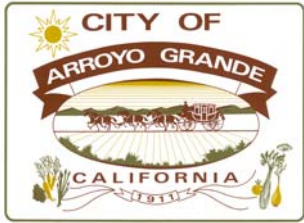
If offered employment, the City may require me to take a physical examination, the results of which I agree can be reported to the City. This evaluation may also include a pre-employment drug screening examination as part of my application for employment to which I also consent. I understand that either 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.)



SUPPLEMENTAL INFORMATION FORM

List any previous firefighting, first aid, or CPR training:

Course Title	Date Completed	Expiration Date of Certification
Course Title	Date Completed	Expiration Date of Certification
Course Title	Date Completed	Expiration Date of Certification
Course Title	Date Completed	Expiration Date of Certification
Course Title	Date Completed	Expiration Date of Certification

List three people who are not relatives who have knowledge of your skills, experience, and abilities:

Name	Phone Number	Occupation/Business
Name	Phone Number	Occupation/Business
Name	Phone Number	Occupation/Business

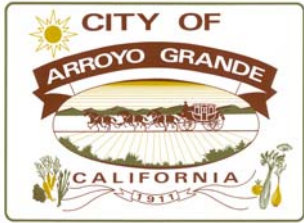
Would you be willing to have a representative of the Fire Department visit with your family to discuss your commitment to the Fire Department? Yes No

Are you able to attend training every Tuesday night from 7:00 p.m. – 10:00 p.m.? Yes No

List whom we may contact in the event of an emergency:

Name	Relationship	Home Phone	Cell Phone	Pager
Name	Relationship	Home Phone	Cell Phone	Pager

Please provide a statement on why you want to become a Volunteer Firefighter:



AFFIRMATIVE ACTION FORM

Completing this form is voluntary.

The City of Arroyo Grande is an Equal Opportunity Employer. We do not discriminate on the basis of race, color, religion, sex, age, national origin, disability, veteran status, sexual orientation or any other classification protected by Federal, State or local law.

The information below will be used only in the compilation of data for Affirmative Action reporting to the government.

Completion of this form is voluntary and will not affect your opportunity for employment, or term or conditions of employment, if hired. This information will not be retained with your application and will be kept confidential.

Position applied for: _____ **Filing close date:** _____

Gender: Female Male

ETHNIC GROUP:

(Please check one of the descriptions below corresponding to the ethnic group to which you most identify)

_____ **WHITE** (not of Hispanic origin)

_____ **BLACK** (not of Hispanic origin)

_____ **HISPANIC**, includes persons of Mexican, Puerto Rican, Cuban, Latin, Central or South American, or other Spanish origin.

_____ **ASIAN OR PACIFIC ISLANDER**, includes Asian-Americans and persons of Japanese, Chinese, Korean or Filipino Descent.

_____ **AMERICAN INDIAN OR ALASKAN NATIVE**, includes persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

_____ **OTHER**, please indicate _____

How did you hear about this job opening?

Newspaper City's Website Other Website Community Organization School

Other _____