



Rodeo-Hercules Fire Protection District

1680 Refugio Valley Road
Hercules, CA 94547 510-799-4561
www.rhfd.org

AN EQUAL OPPORTUNITY EMPLOYER

Date _____

Name _____

INSTRUCTIONS

- Type or use black ink only when completing the application.
- Incomplete or illegible applications will not be considered.
- Resumes are not accepted in lieu of any part of the standard or supplemental applications. Do not write "see resume" as a response to any application question.
- Applications must be received no later than the filing date shown on the job announcement.
- Make copies of any application materials you wish to keep before you submit your application, submitted application materials will not be returned.
- For further inquiries, please e-mail administrative assistant Tammy Tomas at tomas@rhfd.org or call 510-799-4561.

APPLYING FOR:

Select one: **Entry Level** **Lateral** (min. one year full-time)

Select one: **Firefighter/EMT** **Firefighter/Paramedic**

Please answer the following:

1. Do you have a current CPAT? (issued within one year of closing date of job announcement) Y N

2. Did you take the FCTC written test within the last 12 months? Y N

3. Do you possess a high school diploma or GED? Y N

4. Are you a veteran? (please provide DD214 if yes) Y N

5. Are you fluent in any language besides English? Y N

If yes, which language(s) _____

6. Do you have experience with a paid or volunteer fire dept/district? Y N

If so, where? _____

7. Do you possess a CA Paramedic License or EMT Certification? Y N

Cert/License # and Expiration _____

8. Do you possess a CA OSFM FF1 certificate? Y N Date received _____

If not, where are you in the process of getting your FF1 certificate?

Academy in Progress (Expected completion _____/Where? _____)

IFSAC/Pro Board FFI Equivalent Experience (please explain) _____

9. I am at least 18 years of age Y N

10. I am legally authorized to work in the United States Y N

If you are employed by RHFD, you will be required to provide proof. In accordance with the Immigration Reform and Control Act of 1986, we are legally prohibited from employing anyone who cannot provide such verification.

- **Applicants must be listed on the FCTC's Statewide Eligibility List (SEL) as of the closing date of the application window.** (Please keep your FCTC profile updated with the latest information)
- **All required licenses and certifications must be submitted at the time of application. Failure to do so may result in non-consideration.**
- **If applicable**, please list any relatives employed by the Rodeo-Hercules Fire Protection District and your relation _____

**RODEO-HERCULES FIRE PROTECTION
DISTRICT PERSONNEL APPLICATION**

NOTE: Please answer all questions completely and accurately. False or misleading statements during the selection process and/or on this form are grounds for terminating the application process.

Last Name First Name M.I.

Street Address

City State Zip

Is your mailing address also where you reside? If not, please tell us where you live:

Please indicate any other names you have used in the past so we may verify your employment experience and education:

Phone _____ Email _____

Driver's License Number and State _____ / _____ Class: _____ Exp. Date _____

Date of Birth _____ / _____ / _____ Social Security #: _____ -- _____ -- _____

Month Day Year

FCTC ID# _____

Highest Education Level Completed:

High School/GED Associate's Degree Bachelor's Degree Master's Degree or higher

EDUCATION AND SPECIAL LICENSES / REGISTRATION

NAME OF SCHOOL	SCHOOL ADDRESS	COMPLETED?	DEGREE AND MAJOR
		<input type="checkbox"/> Y <input type="checkbox"/> N	
		<input type="checkbox"/> Y <input type="checkbox"/> N	
		<input type="checkbox"/> Y <input type="checkbox"/> N	

List current certifications and/or professional licenses that you possess (please submit copies with your application):

REFERENCES			
Name	Business Relationship	Organization/Address	Telephone

EMPLOYMENT EXPERIENCE

Please provide the last 8 years of employment history. Begin with your present or last job. Since we will make every effort to contact previous employers, correct telephone numbers are appreciated.

THE FOLLOWING MUST BE COMPLETED IN DETAIL— RESUMES ARE NOT ACCEPTED IN LIEU OF THIS INFORMATION. PLEASE DO NOT WRITE “SEE RESUME” IN ANY OF THE FOLLOWING BOXES. IF YOU REQUIRE MORE SPACE, ATTACH ADDITIONAL PAGES AND CLEARLY LABEL EACH PAGE.

Employer		Dates Employed		Key Responsibilities
Address		From	To	
		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		
Telephone Number	Supervisor’s Name, Title & Phone Number			
Job Title				
Reason for Leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid off <input type="checkbox"/> Discharged				
Explain:				

Employer		Dates Employed		Key Responsibilities
		From	To	
Address				
		<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	
Telephone Number	Supervisor's Name, Title & Phone Number			
Job Title				
Reason for Leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid off <input type="checkbox"/> Discharged				
Explain:				

Employer		Dates Employed		Key Responsibilities
		From	To	
Address				
		<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	
Telephone Number	Supervisor's Name, Title & Phone Number			
Job Title				
Reason for Leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid off <input type="checkbox"/> Discharged				
Explain:				

Employer		Dates Employed		Key Responsibilities
		From	To	
Address				
		<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	
Telephone Number	Supervisor's Name, Title & Phone Number			
Job Title				
Reason for Leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid off <input type="checkbox"/> Discharged				
Explain:				

CERTIFICATION

DIRECTIONS: PLEASE READ THE FOLLOWING CAREFULLY AND INITIAL EACH SECTION BEFORE SIGNING THIS APPLICATION FORM.

I hereby certify that I have personally completed this application and that the answers given by me to the foregoing questions and statements are true and complete and that no material fact has been omitted. I understand that any false statements appearing on this or any other employment form will be sufficient reason to end further consideration of this application and not hire me; if discovered after my employment, such false statement will be sufficient reason for dismissal from the services of the Rodeo-Hercules Fire Protection District (the District) regardless of the time that has elapsed before discovery.

I authorize the District or its designated agents to contact my references and to investigate my past employment, education credentials, Department of Motor Vehicles driving record, and other employment-related activities. I agree to cooperate in such investigations and release those parties supplying such information to the District from all liability or responsibility with respect to information supplied to the District.

I request, authorize, and consent to the procurement of an Investigative Consumer Report and understand that it may contain information about my background, mode of living, character, personal characteristics and general reputation. This authorization in original or copy format, shall be valid for one year from the date indicated next to my signature below. According to the *Fair Credit Reporting Act*, I will be notified if employment is denied because of information obtained from a Consumer Reporting Agency. Additionally, I understand that if requested within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided.

I understand that filing this application in no way assures me a position with the District and that this application is not, and is not intended to be, a contract of employment.

I agree to abide by the rules, policies and procedures of the District and subsequent rules, policies and procedures if offered a position. I understand that my initial and continued employment may be contingent upon the successful completion of a medical examination, and/or drug and alcohol screening if the position that I am applying for requires one. Drug testing will be required for a position if a special need exists, as determined by the District. I understand that the District believes strongly in a drug-free work environment and I agree to abide by the drug and alcohol policies of the District during the time of my employment.

Signature of Applicant

Date