



**APPLICATION  
FOR  
EMPLOYMENT**



## WOODBRIDGE FIRE DISTRICT EMPLOYMENT APPLICATION

Date: \_\_\_\_\_

### PERSONAL INFORMATION:

Please print or Type all information.

#### For Office Use Only

\_\_\_\_\_  
Date Application Received:

Last Four of Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
Month / Day / Year

Position Applying For; \_\_\_\_\_

### Applicant Full Name:

\_\_\_\_\_  
Last First Middle

\_\_\_\_\_  
Current Address City State Zip

\_\_\_\_\_  
Mailing Address (If Applicable) City State Zip

\_\_\_\_\_  
Primary Contact Phone Message Phone Work Phone

Check Yes or No to each of the following questions. Attach additional sheet(s) if needed.

Yes No

☐ ☐ Are you over 18 years of age?

☐ ☐ Do you have a valid California driver's license?

Class: \_\_\_\_\_ Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

☐ ☐ Are you a US Citizen?

☐ ☐ If You are not a US Citizen, Can you provide proof that you can legally work in the United States?  
(Proof of the legal right to work in the United States will be require)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ ☐ Can you, with or without accommodation, perform all of the essential functions of the position applied for?



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### EDUCATION AND TRAINING:

(Attach Additional Sheet(s) If Needed)

Yes    No

- ☐    ☐ Do you possess a current CPR card?
- ☐    ☐ Do you have an OSFM Firefighter I certification?
- ☐    ☐ Are you accredited in San Joaquin County as an EMT or Paramedic?

Name and location of schools (high school, college, trade, business or correspondence)

Name of School	Location of School City / State	Graduate?	Certificate/Degree Obtained

### Special Training:

List any training you have had which may help to qualify you for the position for which you are applying. Include trade, vocational, military, etc. Indicate type of training, where acquired, dates and whether you completed it successfully.

### Licenses/Certificates (Attach Additional Sheet(s) If Needed)

List any licenses or certificates you have which may help to qualify you for the position for which you are applying. Include driver's license, professional certificates, etc.

Title	State	Number	Issue Date	Exp. Date
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List languages which you can fluently:

Speak:				
Read:				
Write:				



## WOODBRIDGE FIRE DISTRICT EMPLOYMENT APPLICATION

### Employment History:

List all paid and related voluntary experience, starting with your most recent job. List different jobs / positions with the same employer separately. If you need additional space, attach a photocopy of this page or an additional sheet of paper and include answers to all of the questions asked on this application about each job experience. A resume will not be accepted in place of this section.

**IMPORTANT:** Check box ☐ next to Employer Name if the job gave you specific experience in the position for which you are applying.

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Dates of Employment	<input type="checkbox"/> Employer Name: _____	Phone #: _____
From: _____ MM/YY	Address: _____	
To: _____ MM/YY	Supervisor's Name: _____	Title: _____
	Your Title: _____	
	Describe Your Duties: _____	
Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	_____	
Hours Per Week _____	_____	
May we contact this employer?	Reason for Leaving: _____	
Yes: <input type="checkbox"/> No: <input type="checkbox"/>	_____	

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Dates of Employment	<input type="checkbox"/> Employer Name: _____	Phone #: _____
From: _____ MM/YY	Address: _____	
To: _____ MM/YY	Supervisor's Name: _____	Title: _____
	Your Title: _____	
	Describe Your Duties: _____	
Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	_____	
Hours Per Week _____	_____	
May we contact this employer?	Reason for Leaving: _____	
Yes: <input type="checkbox"/> No: <input type="checkbox"/>	_____	

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Dates of Employment	<input type="checkbox"/> Employer Name: _____	Phone #: _____
From: _____ MM/YY	Address: _____	
To: _____ MM/YY	Supervisor's Name: _____	Title: _____
	Your Title: _____	
	Describe Your Duties: _____	
Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	_____	
Hours Per Week _____	_____	
May we contact this employer?	Reason for Leaving: _____	
Yes: <input type="checkbox"/> No: <input type="checkbox"/>	_____	



## WOODBRIDGE FIRE DISTRICT EMPLOYMENT APPLICATION

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Dates of Employment

From: \_\_\_\_\_  
MM/YY

To: \_\_\_\_\_  
MM/YY

Full Time ☐ Part Time ☐  
Hours Per Week \_\_\_\_\_

May we contact this employer?  
Yes: ☐ No: ☐

☐ Employer Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Your Title: \_\_\_\_\_

Describe Your Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Dates of Employment

From: \_\_\_\_\_  
MM/YY

To: \_\_\_\_\_  
MM/YY

Full Time ☐ Part Time ☐  
Hours Per Week \_\_\_\_\_

May we contact this employer?  
Yes: ☐ No: ☐

☐ Employer Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Your Title: \_\_\_\_\_

Describe Your Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Dates of Employment

From: \_\_\_\_\_  
MM/YY

To: \_\_\_\_\_  
MM/YY

Full Time ☐ Part Time ☐  
Hours Per Week \_\_\_\_\_

May we contact this employer?  
Yes: ☐ No: ☐

☐ Employer Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Your Title: \_\_\_\_\_

Describe Your Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_



## WOODBRIDGE FIRE DISTRICT EMPLOYMENT APPLICATION

**Please read before signing:**

**I declare under penalty of perjury that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief. I understand statements made are subject to verification and that any misrepresentation, fraud, or omission of material facts may be grounds to deny Woodbridge Fire District employment, or for disciplinary action including dismissal after employment.**

**Unless otherwise indicated on this application, I hereby authorize designated representatives of my current and former employers to respond to verbal or written inquiries and to release information about my employment with their respective organizations, including information based on the materials in my personnel file, to authorized representatives of the Woodbridge Fire District.**

**I do hereby agree to release, save, defend, and hold harmless my current and former employers and/or their officers, employees, and agents from any claims arising from the release of such employment information.**

**Applicant Name:** \_\_\_\_\_  
(Print Full Name)

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Full Signature) (Signature Date)



## WOODBRIDGE FIRE DISTRICT EMPLOYMENT APPLICATION

### AUTHORIZATION FOR RELEASE OF INFORMATION

**TO:** \_\_\_\_\_  
(Employer Name)

\_\_\_\_\_  
(Employer Mailing Address)

\_\_\_\_\_  
(City, State Zip Code)

\_\_\_\_\_  
(Employer Phone Number)

**FROM:** \_\_\_\_\_  
(Print Full Name of Applicant)

**RE: CONSENT TO RELEASE EMPLOYMENT INFORMATION**

I, \_\_\_\_\_, do hereby consent to your release of information relating to my employment with your organization, including information, documents and materials contained in my personnel file to authorized representatives of the Woodbridge Fire District.

I further consent to you or your designated representative, employees, officers or agents to respond to verbal or written inquiries from authorized representatives of the Woodbridge Fire District regarding my employment.

I do hereby release, discharge, exonerate and hold harmless all my former and current employers listed, their representative, employees, officers or agents and any person furnishing information from any and all liability of every nature and kind arising out of the furnishing and inspection of such documents and records and release of any verbal or written employment information. This release shall be binding on my legal representative, heirs and assigns.

This waiver shall remain valid for 18 months from the date of signature.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Full Signature)