

**CALIFORNIA FIRE & RESCUE TRAINING AUTHORITY**

P.O. Box 3130 • Rancho Cordova, CA 95741

(916) 475-1660 • Fax (916) 475-1662

[www.fireandrescuetraining.ca.gov](http://www.fireandrescuetraining.ca.gov)

**EMPLOYMENT APPLICATION**

**PERSONAL INFORMATION**

Social Security Number (optional)		Position Applying for		
Last Name		First Name		MI
Home Address No & Street		City	State	Zip Code
Mailing Address (if different) No & Street		City	State	Zip Code
Primary Phone		Secondary Phone		Email Address (optional)

Have you ever been convicted of any offense by any civilian or military court?  Yes  No

If yes, explain. Give date and place of each offense; specific charge; date and place of conviction, and the fine or sentence received. You may omit any offenses for which the fine was less than \$50. A criminal record is not necessarily a bar to employment. Each case is given individual consideration, based on job relatedness.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied may, however, be considered.)

Have you ever applied to or worked for the California Fire & Rescue Training Authority before?  Yes  No  
If yes, when? \_\_\_\_\_

Do you have any friends or relatives working for California Fire & Rescue Training Authority?  Yes  No  
If yes, state name(s) and relationship:

_____	_____
Name	Relationship

_____	_____
Name	Relationship

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.)  Yes  No

If hired, can you present evidence of your U.S. Citizenship or proof of your legal right to live and work in this country?  Yes  No

**EMPLOYMENT HISTORY**

List below all present and past employment, starting with your most recent employer (last ten years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume. Copy additional pages if necessary.

\_\_\_\_\_  
Name of Employer Telephone No. \_\_\_\_\_

\_\_\_\_\_  
Job/Position Title Your Supervisor's Name \_\_\_\_\_

\_\_\_\_\_  
Address & Street City State Zip

Dates of Employment: \_\_\_\_\_ Monthly Salary: \_\_\_\_\_

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

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

May we contact this employer for reference?  Yes  No

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\_\_\_\_\_  
Name of Employer Telephone No. \_\_\_\_\_

\_\_\_\_\_  
Job/Position Title Your Supervisor's Name \_\_\_\_\_

\_\_\_\_\_  
Address & Street City State Zip

Dates of Employment: \_\_\_\_\_ Monthly Salary: \_\_\_\_\_

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

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

May we contact this employer for reference?  Yes  No

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\_\_\_\_\_  
Name of Employer Telephone No. \_\_\_\_\_

\_\_\_\_\_  
Job/Position Title Your Supervisor's Name \_\_\_\_\_

\_\_\_\_\_  
Address & Street City State Zip

Dates of Employment: \_\_\_\_\_ Monthly Salary: \_\_\_\_\_

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

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

May we contact this employer for reference?  Yes  No

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**EMPLOYMENT HISTORY cont...**

\_\_\_\_\_  
Name of Employer Telephone No. \_\_\_\_\_

\_\_\_\_\_  
Job/Position Title Your Supervisor's Name \_\_\_\_\_

\_\_\_\_\_  
Address & Street City State Zip \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Monthly Salary: \_\_\_\_\_

Describe Duties:

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

May we contact this employer for reference?  Yes  No

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\_\_\_\_\_  
Name of Employer Telephone No. \_\_\_\_\_

\_\_\_\_\_  
Job/Position Title Your Supervisor's Name \_\_\_\_\_

\_\_\_\_\_  
Address & Street City State Zip \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Monthly Salary: \_\_\_\_\_

Describe Duties:

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

May we contact this employer for reference?  Yes  No

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**EDUCATION, TRAINING, AND EXPERIENCE**

High School Attended	Address	Did you Graduate?

If no, do you have a GED?  Yes  No

College/University Name and Address	Course of Study/Major	Units Earned	Degree Awarded

**EDUCATION, TRAINING, AND EXPERIENCE cont...**

List any additional education/training experience:

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**EMT** (if required)       Yes     No

Certification No.: \_\_\_\_\_      Expiration Date: \_\_\_\_\_

**Paramedic** (if required)     Yes     No

License No.: \_\_\_\_\_      Expiration Date: \_\_\_\_\_

I authorize the employers and educational institutions identified in this employment application to release any information they have concerning my employment or education to the California Fire & Rescue Training Authority.

Yes     No

**Please Read Carefully, Initial Each Paragraph and Sign Below**

\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_ I hereby authorize California Fire & Rescue Training Authority (CFRTA) to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further authorize references I have listed to disclose to CFRTA any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release CFRTA, my former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and CFRTA. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time with or without prior notice, at the option of either myself or CFRTA, and that no promises or representations contrary to the foregoing are binding on CFRTA unless made in writing and signed by me and CFRTA's designated representative.

\_\_\_\_\_ I understand employment may be offered after an evaluation of a background investigation, which will include employment history, references, criminal and motor vehicle records. I understand employment may be offered contingent upon an acceptable report from the California Fire & Rescue Training Authority's doctor(s) after a preplacement physical examination, which will include a drug screen. I understand that upon starting for work, I will be required to certify eligibility for employment under the guidelines of the Immigration Control Act of 1986 by completion of U.S. Department of Justice Form I-9. I further understand the California Fire & Rescue Training Authority does not guarantee employment for any specified period of time nor does it imply any eligibility for promotional opportunities with an offer of employment.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## EQUAL OPPORTUNITY EMPLOYMENT QUESTIONNAIRE

To assist us in determining the fairness of this selection process under Federal guidelines, we are asking for your voluntary cooperation and assistance to ensure our reporting is as accurate as possible. NO EMPLOYMENT DECISIONS WILL BE BASED ON THIS INFORMATION. THIS INFORMATION WILL BE KEPT CONFIDENTIAL.

Please indicate the race/ethnic, age, and sex classification that identifies the group under each section which best describes you. Please mark only one classification for each of the sections.

<u>Race/Ethnic</u>	<u>Sex</u>	<u>Age</u>
<input type="checkbox"/> Asian Pacific	<input type="checkbox"/> Male	<input type="checkbox"/> 18 – 21 years
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Female	<input type="checkbox"/> 22 – 27 years
<input type="checkbox"/> Caucasian		<input type="checkbox"/> 28 – 35 years
<input type="checkbox"/> Hispanic		<input type="checkbox"/> 36 & over
<input type="checkbox"/> Native American		
<input type="checkbox"/> Other		

To assist us in evaluating the effectiveness of our Job Announcement distribution, including advertising, posting, and community coverage with respect to Equal Opportunity Employment, we would appreciate your voluntary completion of the following:

Position for which you are applying: \_\_\_\_\_

How did you learn about this employment opportunity?

<input type="checkbox"/> College Placement Office	<input type="checkbox"/> Private Employment Agency
<input type="checkbox"/> Employee of this firm	<input type="checkbox"/> Newspaper Advertisement (Name of paper & date)
<input type="checkbox"/> State Employee Office	_____
<input type="checkbox"/> Other (specify) _____	

-EQUAL OPPORTUNITY EMPLOYER-