



SAN MIGUEL FIRE & RESCUE

Employment Application

San Miguel Fire & Rescue considers applicants for all positions without regard to race, color, politics, religion, sex, national origin, ancestry, age, sexual orientation, marital or veteran status, presence of a disability, or any other legally protected status. Avoid any reference to the above, or response, which would allude to the above. Complete the application in its entirety, as omissions may result in delay or disqualification.

INSTRUCTIONS (please read carefully): This application is an initial part of the candidate evaluation process. Please apply only if you feel you meet the requirements as described in the recruitment announcement. Reference to information contained in your resume will not be acceptable in lieu of complete answers. **Proof of education is required – provide copies of any licenses, diplomas or certificates you list on this application.** Please complete this form digitally, then print and sign.

Position Applying for				
Full Name (Last, First, MI)				
Home Address			City	State
Zip Code				
Email Address				
Mailing Address (if different from home address)				
Home Phone Number	Cell Phone Number	Driver's License Number	State	Exp. Date

If hired, can you show verification of your legal right to work in the United States of America?

EDUCATION AND TRAINING

Name and location of High School	
Highest Grade Completed	Diploma or GED received

Include all relevant education and training, including college, business, technical and in-service coursework

School Name Location (city and state)	Dates of Attendance		Units Completed		Major or Area of Study
	From Mo / Yr	To Mo / Yr	Sem.	Qtr.	

Additional Professional/Technical Licenses, Diplomas and/or Certificates and year acquired:

EXPERIENCE

Beginning with your current or most recent position, list all positions you have held for the last 7 years, accounting for periods of unemployment. If additional space is needed, please make copies of this page or attach additional sheets in a similar format.

From:	Employer:
To:	Address:
Total Yrs/Mos:	Job Title/Assignment:
Hours per week:	Duties:
Number Supervised:	
Supervisor's Name, Title, and Phone:	
Reason for leaving:	
May we contact this employer? If "No," please explain:	
From:	Employer:
To:	Address:
Total Yrs/Mos:	Job Title/Assignment:
Hours per week:	Duties:
Number Supervised:	
Supervisor's Name, Title, and Phone:	
Reason for leaving:	
May we contact this employer? If "No," please explain:	
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Hours per week:	Duties:
Number Supervised:	
Supervisor's Name, Title, and Phone:	
Reason for leaving:	
May we contact this employer? If "No," please explain:	

CERTIFICATE OF APPLICANT (Read carefully before signing): I hereby certify that all statements made in this application and on all supplemental information provided are true, and I agree and understand that any misstatement of facts may cause disqualification from or forfeiture of employment. I authorize San Miguel Fire & Rescue to make any necessary and appropriate investigations to verify the information provided.

Signature _____ Date _____