

MORONGO VALLEY C.S.D. FIRE DEPARTMENT

11207 OCOTILLO STREET, P.O. BOX 46 MORONGO VALLEY, CA 92256 (760) 363-6211
MATT STRECK, FIRE CHIEF

APPLICATION FOR EMPLOYMENT

AN EQUAL EMPLOYMENT OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

NOTICE TO APPLICANTS: An application form is the basis of a selection procedure which may include any technique which fairly measures the job-related qualifications of applicants. It is a very important step which provides information regarding an individual's basic qualifications for a job. Since the process is competitive, it is also appropriate to supplement this application with a personal resume or additional information which you feel fully presents your qualifications. You are invited and encouraged to do so.

JOB FOR WHICH YOU ARE APPLYING: _____

NAME OF APPLICANT: _____
(Initials may be used if you prefer) (First) (Middle) (Last)

ADDRESS: _____
(Street) (Apt. #) (City) (State) (Zip code)

PHONE NUMBER: (____) _____ **SOCIAL SECURITY NUMBER:** _____ - _____ - _____

CA DRIVER'S LICENSE NUMBER: _____

Check Applicable Box: Class A Class B Class C (Regular Operator's License)

Have you ever applied for employment with the MVCSO before? If yes, when? _____

Are you related to anyone currently working for the district? Yes No

If "Yes", what is the relationship? _____

In which department/division is he/she employed? _____

CRIMINAL RECORD: Have you ever been convicted of a felony or misdemeanor other than a minor traffic violation? (A criminal record does not constitute an automatic barrier to employment. Eligibility for a consideration will be based on the nature of the offense and the duties and responsibilities of the job for which you are applying.) Yes No

If "Yes", please note: City and State where convicted: _____

Nature of Offense: _____

Penalty or Disposition: _____

PHYSICAL LIMITATIONS: To your knowledge, do you have any physical or nervous impairment which would prohibit you from performing the job to which you are applying as presented in the Job Announcement? (Physical or nervous disorders will not be automatically disqualifying, unless the absence of such disorders are bona fide occupational characteristics.) Yes No

If "Yes", please briefly explain: _____

EDUCATION: Circle the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

High School Diploma: G.E.D. Certificate:

COLLEGE OR UNIVERSITY ATTENDED

Name of College or University Major Completed Units Degree

Other educational course work: _____

Vocational Training: _____

Special Trade or Skill: _____

JOB REFERENCES: Do you object to our contacting your past employers? Yes No

If "Yes", please briefly explain: _____

WORK HISTORY: Please begin with your most recent job. (Attach additional sheets if necessary.)

Organization/Company Name: _____
Address: _____ Phone Number: (____) _____
_____ Wage/Salary (Base Rate)
Title of your position: _____ \$_____per Month Week Hour
Dates of Employment: (Month, Year) Full-time Part-time Number you supervised: _____
From: _____ To: _____ Length of service: _____ Yrs. _____ Mo. Reason for leaving: _____
Name of Supervisor: _____ Title of Position: _____
Duties: _____

Organization/Company Name: _____
Address: _____ Phone Number: (____) _____
_____ Wage/Salary (Base Rate)
Title of your position: _____ \$_____per Month Week Hour
Dates of Employment: (Month, Year) Full-time Part-time Number you supervised: _____
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From: _____ To: _____ Length of service: _____ Yrs. _____ Mo. Reason for leaving: _____
Name of Supervisor: _____ Title of Position: _____
Duties: _____

NOTE TO APPLICANT: References will be checked only if you are to be considered as a potential candidate for employment. In compliance with the Immigration Reform and Control Act of 1986, the Morongo Valley Fire Department requires that all new employees provide documentation to establish both work authorization and identity at the time of employment.

CERTIFICATION OF APPLICANT: I understand that any false statement or willful omissions of fact on this application may constitute grounds for rejection of this application or dismissal from employment. Therefore, I certify that the statements made on this application are true and complete to the best of my knowledge.

I also understand and acknowledge that appointment to any position is conditional upon successful completion of a job related employee physical, background examination (including credit check) and probationary period.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

Unsigned applications will not be considered.

WORK HISTORY CONTINUATION SHEET:

Organization/Company Name: _____
Address: _____
Phone Number: (____) _____
Wage/Salary (Base Rate)
\$_____per Month Week Hour
Title of your position: _____
Dates of Employment: (Month, Year) Full-time Part-time
Number you supervised: _____
From: _____To: _____ Length of service: _____ Yrs. _____ Mo.
Reason for leaving: _____
Name of Supervisor: _____
Title of Position: _____
Duties: _____

Organization/Company Name: _____
Address: _____
Phone Number: (____) _____
Wage/Salary (Base Rate)
\$_____per Month Week Hour
Title of your position: _____
Dates of Employment: (Month, Year) Full-time Part-time
Number you supervised: _____
From: _____To: _____ Length of service: _____ Yrs. _____ Mo.
Reason for leaving: _____
Name of Supervisor: _____
Title of Position: _____
Duties: _____

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DRUG SCREENING PROGRAM

I, _____, UNDERSTAND THAT AS A CONDITION OF MY EMPLOYMENT AS A VOLUNTEER OR PAID EMPLOYEE OF THE MORONGO VALLEY FIRE DEPARTMENT THAT I WILL BE REQUIRED TO SUBMIT TO A MANDATORY DRUG SCREENING PRIOR TO APPOINTMENT. ADDITIONALLY, I UNDERSTAND THAT I WILL BE SUBJECT TO RANDOM DRUG TESTING AS A PAID OR VOLUNTEER MEMBER OF THE MORONGO VALLEY FIRE DEPARTMENT.

SIGNATURE: _____

DATE: _____