

RETURN TO:
 ECCFPD
 150 City Park Way
 Brentwood, CA 94513
 (925) 634-3400
 www.eccfpd.org



For District Use Only		
Date Received		
Not Acceptable		
Late	Incomp	Ed/Expr

PRINT IN INK

Employment Application

**APPLICATION MUST BE COMPLETED BY THE INDIVIDUAL APPLYING FOR EMPLOYMENT
 A RESUME WILL NOT SUBSTITUTE FOR THE INFORMATION REQUESTED
 FAXES, POSTMARKS AND E-MAILS ARE NOT ACCEPTED**

Applications submitted are subject to rejection if they are incomplete and/or do not meet the qualifications listed in the job announcement. Please check the job announcement to see if a **supplemental questionnaire** is required. Notify the Human Resources Office by the recruitment closing date if you require reasonable accommodation in the testing process.

Keep a copy of your completed application for your records.

Position Applying For: _____

Print Name: _____
Last First Middle

Address: _____
Number Street City State Zip Code

Home Phone () _____ Business / Alternate () _____ E-Mail _____

Full Time Part Time Seasonal Temporary Driver's License No. _____ State _____ Class _____

Are you available for work on weekends and/or evenings?..... Yes No
 Are you available for overtime?..... Yes No
 Do you have adequate transportation to and from work?..... Yes No
 If hired, what date can you start work?..... _____
 Have you ever applied to or worked for the East Contra Costa Fire Protection District?..... Yes No

If yes, when? _____

Do you have any relatives working for the East Contra Costa Fire Protection District?..... Yes
 No
 If yes, state name(s) and 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
 Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?..... Yes No
 If no, please describe the functions that cannot be performed: _____

EDUCATION, TRAINING AND EXPERIENCE

School Name (insert school name(s) below)	Years Completed (Circle One)	Diploma/Degree	Course of Study or Major	Describe Specialized Training, Experience, Skills and Extra-Curricular Activities
High School:	9 10 11 12			
College/University:	13 14 15 16			
Graduate/Professional:	17 18			
Other:				

Describe fully any job-related skills, knowledge, special training, certificates or licenses you may possess: _____

Do you speak, read or write any foreign languages?..... Yes No
 If yes, which language(s)? _____

Veteran's Preference – Do you wish to claim Veteran's Preference? Yes No (Please indicate your discharge date _____)

If separated from active duty, you may be entitled to Veteran's Preference. To be considered, you must submit a copy of your discharge papers (DD214).

Have you ever been terminated or asked to resign from any job?..... Yes No

If yes, state employer(s) and reason(s): _____

EXPERIENCE – Please list the names of your present and previous employers over the last 10 years with present or last employer listed first. Account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references. Omitted information will not be considered or assumed. (Add additional page(s) if necessary)

Title:	Employer's Name, Address & Phone #	Duties:
↓ Month Day & Year ↓		
From:		
To:		
# Hrs per Week:	Supervisor's Name:	Reason for Leaving:
# People Supervised:	Supervisor's Title:	
	Supervisor's Phone #:	
Title:	Employer's Name, Address & Phone #	Duties:
↓ Month Day & Year ↓		
From:		
To:		
# Hrs per Week:	Supervisor's Name:	Reason for Leaving:
# People Supervised:	Supervisor's Title:	
	Supervisor's Phone #:	
Title:	Employer's Name, Address & Phone #	Duties:
↓ Month Day & Year ↓		
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	Supervisor's Phone #:	
Title:	Employer's Name, Address & Phone #	Duties:
↓ Month Day & Year ↓		
From:		
To:		
# Hrs per Week:	Supervisor's Name:	Reason for Leaving:
# People Supervised:	Supervisor's Title:	
	Supervisor's Phone #:	

REFERENCES: Please list three persons, other than relatives and previous employers (include name, address and phone)

1. _____
2. _____
3. _____

I declare that all statements contained in this application are true and that any misrepresentation or omission may result in rejection of my application and/or termination of my employment at any time. I hereby authorize the District to thoroughly investigate my references, work record, education and other matters related to my suitability for employment. I hereby release the District, 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 HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS.

Signature of Applicant

Date

The East Contra Costa Fire Protection District is an equal opportunity employer. We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

EQUAL EMPLOYMENT OPPORTUNITY SURVEY

APPLICANT: Please complete this form and submit it with your application. The completed form is confidential and will be separated from your application. This information is voluntary and is gathered in accordance with State and Federal laws for the purpose of evaluating the effectiveness of our Equal Employment Opportunity policy and recruitment efforts.

Title of position you are applying for: _____

Reasonable accommodation requests may be made at any stage of the recruitment and selection process. If you require reasonable accommodation, please contact the Human Resources Office to request such accommodation.

How did you learn of this recruitment? (Please check only one)

- East Contra Costa Fire Protection Employee
- District Website
- Newspaper or Publication _____
- Community Organization
- Direct Mailer
- Internet (other than District website)
- Other _____

Please indicate gender: Male Female

Are you age 40 or above? Yes No

Please indicate ethnic origin – Please check **only one**:

- White – Not of Hispanic origin (all persons having origin in Europe, North Africa or the Middle East, includes Spain and Portugal)
 - Black – Not of Hispanic origin (all persons having origins in any of the Black racial groups in Africa)
 - Hispanic – All persons of Mexican, Puerto Rican, Cuban, Central American, South American, or other Spanish culture of origin, regardless of race
 - Asian / Pacific Islander – All persons having origins in any of the peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, and Samoa
 - American Indian or Alaskan Native – All persons having origins in any of the original peoples of North America, and who maintain cultural Identification through tribal affiliation or community recognition
 - Other / Bi-racial – Persons who do not identify with any of the above categories or who have mixed or unknown racial/ethnic origins
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