



**Rodeo-Hercules Fire Protection District**  
**1680 Refugio Valley Road**  
**Hercules, CA 94547**  
**510-799-4561**  
**www.rhfd.org**

***AN EQUAL OPPORTUNITY EMPLOYER***

**INSTRUCTIONS:**

1. Type or use black ink only when completing the application. Incomplete or illegible applications will not be considered. Resumes are not accepted in lieu of any part of the standard or supplemental applications. Do not write "see resume" as a response to any application question. Applications must be received no later than the filing date shown on the job announcement. Postmarks, faxes and e-mails are not accepted unless stated on the job announcement. Make copies of any application materials you wish to keep before you submit your application. Submitted application materials will not be returned.
2. For further inquiries, please e-mail them to [corcoran@rhfd.org](mailto:corcoran@rhfd.org) or call 510-799-4561

**EXACT JOB TITLE APPLYING FOR:** \_\_\_\_\_

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## RODEO HERCULES FIRE PROTECTION DISTRICT PERSONNEL APPLICATION

**NOTE:** Please answer all questions completely and accurately. False or misleading statements during the selection process and/or on this form are grounds for terminating the application process.

1. **Are you available to work:**       Part-Time       Temporary       On-Call  
    Full-Time       Weekends       Seasonal

2. **Do you have a valid driver's license?**    Yes    No

License #: \_\_\_\_\_ Class: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### PERSONAL INFORMATION

*Please print clearly or type.*

1. **Name:** \_\_\_\_\_  
                            Last                                  First                                  Middle

2. **Have you ever used another name that we would need to verify your employment experience and education?**

Yes    No   If yes, indicate such name and the date the name changed:

3. **Address:** \_\_\_\_\_  
                            Street                                  City                                  State                                  Zip

4. **Home phone Number:** (   )   -   \_\_\_\_\_      5. **Cell Phone Number:** (   )   -   \_\_\_\_\_

6. **Email Address:** \_\_\_\_\_

7. **Are you at least 18 years old?**    Yes    No

8. **Are you legally authorized to work in the United States?**    Yes    No   If employed, you will be required to provide proof. In accordance with the immigration Reform and Control Act of 1986, we are legally prohibited from employing anyone who cannot provide such verification.

9. **Do you have any relatives currently employed by the District?**       Yes    No

If yes, who?

What relation to you?

## EDUCATION AND SPECIAL LICENSES/REGISTRATION

NAME OF SCHOOL	SCHOOL ADDRESS	COMPLETED?	DEGREE AND MAJOR
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

List current certifications and/or professional licenses that you possess, if any, and where registered:

## EMPLOYMENT EXPERIENCE

**Directions:** Provide the last 8 years of employment history. Begin with your present or last job. Since we will make every effort to contact previous employers, the correct telephone numbers are appreciated.

**THE FOLLOWING MUST BE COMPLETED IN DETAIL- RESUMES ARE NOT ACCEPTED IN LIEU OF THIS INFORMATION AND PLEASE DO NOT WRITE "SEE RESUME" IN ANY OF THE FOLLOWING BOXES. IF YOU REQUIRE MORE SPACE, ATTACH ADDITIONAL PAGES AND CLEARLY LABEL EACH PAGE.**

1.	Employer		<b>Dates Employed</b>		<b>Key Responsibilities</b>
			From	To	
Address					
		<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time		
Telephone Number		Supervisor's Name, Title and Telephone Number			
Job Title					
Reason for Leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid off <input type="checkbox"/> Discharged					
Why?					

2.	Employer	<b>Dates Employed</b>		<b>Key Responsibilities</b>
		From	To	
	Address			
		<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	
	Telephone Number	Supervisor's Name, Title and Telephone Number		
Job Title				
Reason for Leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid off <input type="checkbox"/> Discharged Why?				
3.	Employer	<b>Dates Employed</b>		<b>Key Responsibilities</b>
		From	To	
	Address			
		<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	
	Telephone Number	Supervisor's Name, Title and Telephone Number		
Job Title				
Reason for Leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid off <input type="checkbox"/> Discharged Why?				

REFERENCES			
Name	Business Relationship	Organization/Address	Telephone

# CERTIFICATION

**DIRECTIONS: PLEASE READ THE FOLLOWING CAREFULLY AND INITIAL EACH SECTION BEFORE SIGNING THIS APPLICATION FORM.**

I hereby certify that I have personally completed this application and that the answers given by me to the foregoing questions and statements are true and complete and that no material fact has been omitted. I understand that any false statements appearing on this or any other employment form will be sufficient reason to end further consideration of this application and not hire me; if discovered after my employment, such false statement will be sufficient reason for dismissal from the services of the Rodeo Hercules Fire Protection District (District) regardless of the time that has elapsed before discovery.

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I authorize the District or its designated agents to contact my references and to investigate my past employment, education credentials, Department of Motor Vehicles driving record, and other employment-related activities. I agree to cooperate in such investigations and release those parties supplying such information to the District from all liability or responsibility with respect to information supplied to the District.

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I request, authorize, and consent to the procurement of an Investigative Consumer Report and understand that it may contain information about my background, mode of living, character, personal characteristics and general reputation. This authorization in original or copy format, shall be valid for one year from the date indicated next to my signature below. According to the *Fair Credit Reporting Act*, I will be notified if employment is denied because of information obtained from a Consumer Reporting Agency. Additionally, I understand that if requested within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided.

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I understand that filing this application in no way assures me a position with the District and that this application is not, and is not intended to be, a contract of employment.

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I agree to abide by the rules, policies and procedures of the District and subsequent rules, policies and procedures if offered a position. I understand that my initial and continued employment may be contingent upon the successful completion of a medical examination, and/or drug and alcohol screening if the position that I am applying for requires one. Drug testing will be required for a position if a special need exists, as determined by the District. I understand that the District believes strongly in a drug-free work environment and I agree to abide by the drug and alcohol policies of the District during the time of my employment.

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

\_\_\_\_\_  
Date