



# FIREFIGHTER MEMBER APPLICATION

**PLEASE PRINT LEGIBLY:**

Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (Month/Day/Year)

Driver's License Number \_\_\_\_\_ State of Issuance: \_\_\_\_\_

Driver's License Expiration Date \_\_\_\_\_ CDL (commercial driver's license)? Y N Points? Y N

Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Email Address: \_\_\_\_\_

Do you use tobacco products? Y N

Do you consume alcohol? Y N

## **EMPLOYMENT**

Are you employed elsewhere? Y N Name of Employer \_\_\_\_\_

Normal working hours \_\_\_\_\_ Are you able to leave your work? Y N

Describe fire service experience \_\_\_\_\_

\_\_\_\_\_

Describe emergency medical experience \_\_\_\_\_

\_\_\_\_\_

Why do you want to be a firefighter? \_\_\_\_\_

\_\_\_\_\_

I have received and read a copy of the job description for firefighter and understand that the duties and responsibilities contained within the job description are not all inclusive, but the intent is to give me a basic idea of what is expected of me as a condition of employment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Theodore Dawes Fire Rescue (TDFR) (aka Theodore Dawes Fire District) reserves the right to perform background criminal history, drug screening and driver's record checks. Results may be used as a factor for employment consideration. Signing this Firefighter Member Application indicates consent to such checks.

**PREVIOUS EMPLOYMENT EXPERIENCE**

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Please list your past ten (10) years of employment beginning with your most recent. Include military service assignments.

1. Employer \_\_\_\_\_  
Address \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Job Title \_\_\_\_\_ Dates Employed \_\_\_\_\_ to \_\_\_\_\_  
Hourly Rate/Salary starting \_\_\_\_\_ ending \_\_\_\_\_  
Work performed \_\_\_\_\_  
Reason for leaving \_\_\_\_\_
2. Employer \_\_\_\_\_  
Address \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Job Title \_\_\_\_\_ Dates Employed \_\_\_\_\_ to \_\_\_\_\_  
Hourly Rate/Salary starting \_\_\_\_\_ ending \_\_\_\_\_  
Work performed \_\_\_\_\_  
Reason for leaving \_\_\_\_\_
3. Employer \_\_\_\_\_  
Address \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Job Title \_\_\_\_\_ Dates Employed \_\_\_\_\_ to \_\_\_\_\_  
Hourly Rate/Salary starting \_\_\_\_\_ ending \_\_\_\_\_  
Work performed \_\_\_\_\_  
Reason for leaving \_\_\_\_\_
4. Employer \_\_\_\_\_  
Address \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Job Title \_\_\_\_\_ Dates Employed \_\_\_\_\_ to \_\_\_\_\_  
Hourly Rate/Salary starting \_\_\_\_\_ ending \_\_\_\_\_  
Work performed \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

**If you need additional space, please continue on a separate sheet of paper.**

For any period of unemployment over 30 days, please explain reasons \_\_\_\_\_

Summarize special skills and qualification acquired from previous employment or other experience \_\_\_\_\_

**EDUCATION**

1. High School Name \_\_\_\_\_ Years Completed 9 10 11 12

Diploma/Degree \_\_\_\_\_

2. College/University Name \_\_\_\_\_ Graduate? Y N

Diploma/Degree \_\_\_\_\_

3. Graduate/Professional \_\_\_\_\_ Graduate? Y N

Diploma/Degree \_\_\_\_\_

Describe specialized training, apprenticeship, skills, and extra-curricular activities

**APPLICANT'S STATEMENT**

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this Firefighter Member Application and any other information as may be necessary in arriving at an employment decision. I release from liability all persons and entities requesting or supplying information and waive any right I may have to notice of providing such information. I understand that this application is not and is not intended to be a contract of employment.

I understand that omissions, false or misleading information given in my application, resume, or interview(s) may result in disqualification of my application or discharge, if hired. I understand, also, that I am required to abide by all rules and guidelines of the TDFR and that my employment can be terminated with or without case and with or without notice at any time, at the option of the TDFR of myself. I understand that no one except the TDFR Board has any authority to enter into any agreement to the contrary and any such agreement shall be in writing and signed by the TDFR Chief.

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

\_\_\_\_\_  
Date



## **BACKGROUND CHECK DISCLOSURE AND AUTHORIZATION FORM**

In the interest of maintaining the safety and security of our employees and property, Theodore Dawes Fire District (TDFD) (aka Theodore Dawes Fire Rescue) will order a “consumer report” (a background report) or “investigative consumer report” on you in connection with your employment application, and if you are hired, or if you already work for TDFD, may order additional background reports on you for employment purposes.

The background check company, Verity Screening Solutions (the “Background Check Company”), will prepare the background report for the TDFD. The Background Check Company is located at 6834 South University Blvd, and can be reached by phone at 888-883-7489 or at their Internet Web site address [www.verityscreening.com](http://www.verityscreening.com).

The background report may contain information concerning your character, general reputation, personal characteristics, mode of living, and credit standing. The types of information that may be ordered include but are not limited to: Social Security number verification; criminal, public, educational and as appropriate, driving records checks; verification of prior employment; reference, licensing and certification checks; credit reports; drug testing results; and, if applicable, worker’s compensation injuries. Workers’ compensation information will only be requested in compliance with federal Americans with Disabilities Act and/or any other applicable federal, state or local laws and only after a conditional job offer is made. Credit history will only be requested when permitted by law and where such information is substantially related to the duties and responsibilities of the position for which you are applying. The information may be obtained from private and public record sources, including personal interviews with your associates, friends, and neighbors. (An “investigative consumer report” is a background report that includes information from such personal interviews, except in California where that term means any background report that is not a credit report.) The nature and scope of the most common form of investigative consumer report is an investigation into your education and/or employment history conducted by the Background Check Company or another outside organization.

You may request more information about the nature and scope of an investigative consumer report, if any, by telephoning the Company at 888-883-7489. A summary of your rights under the Fair Credit Reporting Act is also being provided to you with this form.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will find these rights summarized on A Summary of Your Rights Under the Fair Credit Reporting Act and A Summary of Your Rights Under the Provisions of California Civil Code Section 1786.22 for California residents.



**AUTHORIZATION FOR BACKGROUND CHECKS**

After carefully reading this Background Check Disclosure and Authorization form, I authorize the Theodore Dawes Fire Rescue (aka Theodore Dawes Fire District) to order my background report, including investigative consumer reports. I understand that the Theodore Dawes Fire Rescue may rely on this authorization to order additional background reports, including investigative consumer reports, during my employment without asking me for my authorization again as allowed by law.

I also authorize the following agencies and entities to disclose to the Verity Screening Solutions and its agents all information about or concerning me, including but not limited to: my past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; testing facilities; motor vehicle records agencies; if applicable, worker’s compensation injuries; all other private and public sector repositories of information; and any other person, organization, or agency with any information about or concerning me. Workers’ compensation information will only be requested in compliance with federal Americans with Disabilities Act and/or any other applicable federal, state, or local laws and only after a conditional job offer is made. The information that can be disclosed to the Verity Screening Solutions and its agents includes, but is not limited to, information concerning my employment history, earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials and licenses and substance abuse testing.

I agree the Theodore Dawes Fire Rescue may rely on this authorization to order background reports, including investigative consumer reports, from companies other than the Verity Screening Solutions without asking me for my authorization again as allowed by law. I also agree that a copy of this form is valid like the signed original. I certify that all of the personal information I provided is true and correct.

***PLEASE PRINT LEGIBLY:***

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Maiden/Other Names \_\_\_\_\_ Years Used \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date: (Month/Day/Year)



## **BACKGROUND CHECK INFORMATION**

The information requested below is collected solely for the purpose of aiding the Theodore Dawes Fire Rescue (aka Theodore Dawes Fire District) in running a background check in connection with your application for employment. Theodore Dawes Fire Rescue is requesting that you provide this information to assist in conducting a thorough background check.

### ***PLEASE PRINT LEGIBLY:***

Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (Month/Day/Year) Social Security Number: \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State of Issuance: \_\_\_\_\_

Enter any other names used (including maiden names):

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Addresses within the past five (5) years:

Present Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Prior** Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Prior** Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_