



## AMERICAN CANYON FIRE PROTECTION DISTRICT VOLUNTEER APPLICATION

911 Donaldson Way East  
AMERICAN CANYON, CA 94503  
707-551-0650  
[www.amcanfire.com](http://www.amcanfire.com)

***AN EQUAL OPPORTUNITY EMPLOYER***

### INSTRUCTIONS:

1. The application can be completed in the following ways: Using Adobe Acrobat Reader and completing and printing the form through a computer and printer; printing a copy of the form and completing it by carefully handwriting the responses; or printing a copy of the form and using a typewriter to complete the responses. This application is part of the examination process.
2. Complete all requested information on the application form. Make sure the application is signed and dated before it is turned in **(please type in your initials and signature) if submitting electronically**. **In the Experience Section, do not say "see resume" or "see attached" as a substitute for the required information.**
3. Applicants must meet all qualifications for the classification by the final filing date, unless specifically excepted in the job announcement. An incomplete application may be grounds for rejection. An applicant may be required to submit additional proof of qualifications, if sufficient information is not provided.
4. Applications may be submitted in one of the following ways: United States Postal Service using the address at the top of this form; delivered in-person to the address at the top of this form; or, an electronic copy of your application can be e-mailed as an attachment to [mmanuelos@amcanfire.com](mailto:mmanuelos@amcanfire.com). Be sure to include any additional information that may be required such as supplemental applications.
5. It is the applicant's responsibility to insure that the application is received within the filing period. Applications must be received by the American Canyon Fire Protection District (address at top of page) NO LATER THAN 5:00 P.M. on the final filing date for the recruitment. Postmarks are not accepted. Late applications will be rejected.
6. For further inquiries, please e-mail them to [mmanuelos@amcanfire.com](mailto:mmanuelos@amcanfire.com) or call 707-551-0653.



911 Donaldson Way East  
American Canyon, CA 94503  
707-551-0650  
707-638-3511 Fax  
[www.amcanfire.com](http://www.amcanfire.com)

# THE AMERICAN CANYON FIRE PROTECTION DISTRICT

## VOLUNTEER FIREFIGHTER 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.

### VOLUNTEER FIREFIGHTER POSITION

1. Are you available to work:  Part-Time  Temporary  On-Call  
 Evenings  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: \_\_\_\_\_

Use of your social security number is voluntary. Social security numbers are used for identification purposes only. If you do not wish to use your social security number we will assign you an identification number for application purposes only.

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:** Begin with your present or last job. Since we will make every effort to contact previous employers, the correct telephone numbers are appreciated.

**This Section not required if you have an Employment Application on file with the District**

**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		<b>Monthly Salary</b>			
		Starting	Final		
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	<b>Monthly Salary</b>			
	Starting	Final		
	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	<b>Monthly Salary</b>			
	Starting	Final		
	Reason for Leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid off <input type="checkbox"/> Discharged Why?			

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REFERENCES			
Name	Business Relationship	Organization/Address	Telephone

Application continues on next page

# 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 American Canyon Fire Protection District (District) regardless of the time that has elapsed before discovery.

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.

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.

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.

I agree to abide by the rules, policies and procedures of the District and subsequent rules, policies and procedures if offered a Volunteer Firefighter 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. Job announcements will also specify whether a drug and alcohol screening will be required for candidates who receive a conditional offer for the position. 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.

***After the District has determined that an applicant has met the minimum qualifications for the position applied for, the District will ask the applicant to submit a supplemental application related to conviction history.***

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

\_\_\_\_\_  
Date