Albion-Little River Fire Protection District Application Instructions



Read the following instructions carefully before completing this application. Please complete the application on a computer or print in ink. All questions **must** be answered completely and accurately, except as noted. You may be disqualified for any false or misleading statements or for omitting information. The information you furnish will be used to apply for a job, determine your eligibility and/or may be the basis for arriving at your final rating for the position. During the course of your interview, you may be requested to provide additional information regarding your qualifications.

Social Security Number (SSN) – Providing this is voluntary in accordance with the Privacy Act of 1974 (PL 93-579). However, a SSN may be needed to process your application.

Job Title(s) – Provide the title of the position listed on the announcement.

Question 1 – Must be answered by all applicants. You must answer "Yes" if you have ever, because of poor performance or misconduct, been fired, dismissed, or terminated from a job, or had an employment contract terminated. Applicants who have been rejected during a probationary period, or whose dismissals or terminations have been overturned, withdrawn (unilaterally or as part of a settlement agreement) or revoked need not answer "Yes." Explain any "Yes" answers in the Explanations section. Briefly describe the facts, findings, any action taken against you, and the circumstances under which you left the position.

In completing this application, you do not need to answer "Yes" to Question 1 if:

*you have been rejected during a probationary period;
*your employer withdrew the firing, dismissal, termination,
or contract termination (either voluntarily or as part of a settlement);
or

*a court or administrative agency overturned or revoked the firing, dismissal, termination, or contract termination.

If asked about past employment history by a prospective employer during the hiring process or probationary period, applicants are required to tell the truth regarding any firing, dismissal, termination, contract termination or rejection during probationary period, whether or not the action was overturned, revoked, or withdrawn (either voluntarily by the employer or, as part of a settlement agreement). Applicants are also required to provide factually correct information in the Employment History section of the application.

Question 2 – Must be answered by all applicants. Government Code section 18720.45 requires applicants for state employment to disclose on their application form whether they have entered into any agreement(s) with the state in which the applicant agreed to refrain from seeking or accepting any subsequent employment with the state. You must answer

"yes" to this question if you have ever entered into a written agreement with any department, agency, commission, board, state employer, or other governmental unit within the California state civil service, involving an adverse action, rejection on probation, or AWOL termination where one of the terms of the agreement provided that you agreed not to seek or accept subsequent employment with a particular state agency. A state agency includes any department, agency, commission,

board, state employer, or other governmental unit within the California state civil service, but does not include the California State University. If you answer "Yes" to this question, please provide the name of the particular agency and the details in the Explanations section.

Question 7 – If you checked "Yes", you will be contacted via telephone or mail to make specific arrangements.

Explanations – Use this section to explain the details of any response that requires additional information. Be thorough, and attach additional sheet(s) if needed.

Applicant's Signature – Your signature and the date signed is required. If the hard copy application is not signed, it may be rejected.

Education – You must include a complete record of your training and educational background.

Licenses – If the position listing requires a specific license, professional certificate, or membership in a professional organization, list the full name of the license, certificate or organization, the license number, and the official expiration date of the document or membership.

Employment History and Experience – You must include a complete list of your paid and/or volunteer work experience that relates to the qualification requirements specified in the job listing. List all relevant jobs during the past 10 years, regardless of duration, including part-time and military service. You should also list volunteer experience and jobs if they directly relate to the job for which you are applying.

Requesting Veterans' Preference – If you have not previously applied and been approved for Veterans' Preference, you must complete and submit the Veterans' Preference Form, CALHR-1093 to the California Department of Human Resources.

Albion-Little River Fire Protection District

EXAMINATION / EMPLOYMENT APPLICATION

Applications will ONLY be processed for active recruitment efforts - see job posting.

Albion-Little River Fire Protection District Application

PRINT OR TYPE	Albion Little Mive	,, , ,, ,			ot Applio	
APPLICANT'S NAME (Last)	(First)		(M.l.)			
MAILING ADDRESS (Number)	(Street)		(Apt #)		SOCIAL SECURITY NUMB	BER
, ,	. ,		. ,			
(City)		(County)		(State) (Zip Code)
E-MAIL ADDRESS			1st TELEPHONE NUMBER	☐ Work ☐ Home	2nd TELEPHONE NUMBE	R Work Home
JOB TITLE(S) FOR WHICH YOU A	ARE APPLYING			Mobile		☐ Mobile
.,						
STANDARD EMPLOYMENT Q	UESTIONS					
•	ed, dismissed, terminated, or had an emp iplinary reasons? If "Yes," give details in t ition.	•			ons Yes	No
	into any written agreement with a public a n which you agreed not to seek or accept	-	= -		1 1165	No No
3. In addition to English, lis	st any other languages you are fluent in:					
a. Verbal fluency in						
h Maisten fluoressin						
b. Written fluency in	QUESTIONS ONLY IF THE JOB REQUIRES T	HESE SKILLS	OR INFORMATION			
	nly: I certify I can type at a speed of		words per minute.			
	um and/or maximum age requirements?				Yes	No
•	California Driver License? If "Yes," fill in t				Yes	No
License #:	Class:	Rest	rictions:		-	
ANSWER THE FOLLOWING Q	QUESTION IF APPLICABLE					
7. Do you need an accom	modation for an interview?				Yes	No
						<u></u>
EXPLANATIONS: Provide	details of any response that requires	additional inf	ormation.			
CERTIFICATION - IMPO	RTANT – READ BEFORE SIGNING – Y	OUR SIGNAT	URE IS REQUIRED FOR HA	RD COPY S	UBMISSION	
I further understand that a the Albion-Little River Fire	perjury that the information I have entere any false, incomplete, or incorrect statem e Protection District. I authorize the empl y have concerning my employment or edu	nents may resi oyers and edu	ult in my disqualification or dis Icational institutions identified	missal from on this appl	employment with	
APPLICANT'S SIGNATURE					DATE SIGNED	

Albion-Little River Fire Protection District

EXAMINATION / EMPLOYMENT APPLICATION Page 3

APPLICANT'S NAME (Last)	(First)			(M.I.)			
EDUCATION DID YOU GRADUATE I	ROM HIGH SCHOOL?	IF NOT, DO YOU PO	OSSESS A GED OR EQUIVALEN	T? IF N	NOT, ENTER THE HIGH	HEST GRA	ADE YOU COMPLETED?	
	DLLEGE — BUSINESS, CO RVICE SCHOOL, NAME A		COURSE OF STUDY	UNITS COMPLETED SEMESTER	UNITS COMPLETED QUARTER		LOMA, DEGREE OR TIFICATE OBTAINED	DATE COMPLETED
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LICENSE / CERT	FICATION NUMBER	ISSUE DATE	EXPIRATION DATE	IN TH			PECIFIC COURSE REQUIRE LICENSE/CERTIFICATE	MENIS
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FROM (MM/DD/YY)			nt paid, military and/or was a large or Level, if appli		rience that relat		SUPERVISOR NAME	ements.
HOURS PER WEEK	COMPANY/ AGENCY NA	ME					SUPERVISOR PHONE NUM	BER
TOTAL WORKED	ADDRESS							
DUTIES PERFORMED								
D5400N 500 15 N (1)								
REASON FOR LEAVIN	G							

ALBION-LITTLE RIVER FIRE PROTECTION DISTRICT EXAMINATION / EMPLOYMENT APPLICATION Page 4

APPLICANT'S NAME ((Last)		(First)		(M.I.)]
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FROM (MM/DD/YY)	TO (MM/DD/YY)	TITLE/JOB CLASSIFI	CATION (Include Range or Level,	if applicable)		SUPERVISOR NAME
HOURS PER WEEK	COMPANY/AGENCY N	NAME				SUPERVISOR PHONE NUMBER
TOTAL WORKED	ADDRESS					
DUTIES PERFORMED						
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REASON FOR LEAVIN	IG					
REASON FOR LEAVIN	IG					
	IG					
		TITLE/JOB CLASSIFI	CATION (Include Range or Level,	if applicable)		SUPERVISOR NAME
FROM (MM/DD/YY)			CATION (Include Range or Level,	if applicable)		SUPERVISOR NAME SUPERVISOR PHONE NUMBER
FROM (MM/DD/YY) HOURS PER WEEK	TO (MM/DD/YY) COMPANY/STATE AGE		CATION (Include Range or Level,	if applicable)		
FROM (MM/DD/YY)	TO (MM/DD/YY)		CATION (Include Range or Level,	if applicable)		
FROM (MM/DD/YY) HOURS PER WEEK TOTAL WORKED	TO (MM/DD/YY) COMPANY/STATE AGI ADDRESS		CATION (Include Range or Level,	if applicable)		
FROM (MM/DD/YY) HOURS PER WEEK	TO (MM/DD/YY) COMPANY/STATE AGI ADDRESS		CATION (Include Range or Level,	if applicable)		
FROM (MM/DD/YY) HOURS PER WEEK TOTAL WORKED	TO (MM/DD/YY) COMPANY/STATE AGI ADDRESS		CATION (Include Range or Level,	if applicable)		
FROM (MM/DD/YY) HOURS PER WEEK TOTAL WORKED	TO (MM/DD/YY) COMPANY/STATE AGI ADDRESS		CATION (Include Range or Level,	if applicable)		
FROM (MM/DD/YY) HOURS PER WEEK TOTAL WORKED	TO (MM/DD/YY) COMPANY/STATE AGI ADDRESS		CATION (Include Range or Level,	if applicable)		
FROM (MM/DD/YY) HOURS PER WEEK TOTAL WORKED	TO (MM/DD/YY) COMPANY/STATE AGI ADDRESS		CATION (Include Range or Level,	if applicable)		
FROM (MM/DD/YY) HOURS PER WEEK TOTAL WORKED	TO (MM/DD/YY) COMPANY/STATE AGI ADDRESS		CATION (Include Range or Level,	if applicable)		
FROM (MM/DD/YY) HOURS PER WEEK TOTAL WORKED	TO (MM/DD/YY) COMPANY/STATE AGI ADDRESS		CATION (Include Range or Level,	if applicable)		
FROM (MM/DD/YY) HOURS PER WEEK TOTAL WORKED	TO (MM/DD/YY) COMPANY/STATE AGI ADDRESS		CATION (Include Range or Level,	if applicable)		
FROM (MM/DD/YY) HOURS PER WEEK TOTAL WORKED	TO (MM/DD/YY) COMPANY/STATE AGI ADDRESS		CATION (Include Range or Level,	if applicable)		
FROM (MM/DD/YY) HOURS PER WEEK TOTAL WORKED	TO (MM/DD/YY) COMPANY/STATE AGI ADDRESS		CATION (Include Range or Level,	if applicable)		
FROM (MM/DD/YY) HOURS PER WEEK TOTAL WORKED	TO (MM/DD/YY) COMPANY/STATE AGI ADDRESS		CATION (Include Range or Level,	if applicable)		
FROM (MM/DD/YY) HOURS PER WEEK TOTAL WORKED	TO (MM/DD/YY) COMPANY/STATE AGI ADDRESS		CATION (Include Range or Level,	if applicable)		
FROM (MM/DD/YY) HOURS PER WEEK TOTAL WORKED	TO (MM/DD/YY) COMPANY/STATE AGI ADDRESS		CATION (Include Range or Level,	if applicable)		
FROM (MM/DD/YY) HOURS PER WEEK TOTAL WORKED	TO (MM/DD/YY) COMPANY/STATE AGI ADDRESS		CATION (Include Range or Level,	if applicable)		
FROM (MM/DD/YY) HOURS PER WEEK TOTAL WORKED	TO (MM/DD/YY) COMPANY/STATE AGI ADDRESS		CATION (Include Range or Level,	if applicable)		
FROM (MM/DD/YY) HOURS PER WEEK TOTAL WORKED	TO (MM/DD/YY) COMPANY/STATE AGI ADDRESS		CATION (Include Range or Level,	if applicable)		
FROM (MM/DD/YY) HOURS PER WEEK TOTAL WORKED	TO (MM/DD/YY) COMPANY/STATE AGI ADDRESS		CATION (Include Range or Level,	if applicable)		
FROM (MM/DD/YY) HOURS PER WEEK TOTAL WORKED	TO (MM/DD/YY) COMPANY/STATE AGI ADDRESS		CATION (Include Range or Level,	if applicable)		
FROM (MM/DD/YY) HOURS PER WEEK TOTAL WORKED DUTIES PERFORMED	TO (MM/DD/YY) COMPANY/STATE AGI ADDRESS		CATION (Include Range or Level,	if applicable)		
FROM (MM/DD/YY) HOURS PER WEEK TOTAL WORKED	TO (MM/DD/YY) COMPANY/STATE AGI ADDRESS		CATION (Include Range or Level,	if applicable)		

ALBION-LITTLE RIVER FIRE PROTECTION DISTRICT **EXAMINATION / EMPLOYMENT APPLICATION**Page 5

APPLICANT'S NAME	(Last)		(First)	(M.I.)	
FROM (MM/DD/YY)	TO (MM/DD/YY)	TITLE/JOB CLASSIFI	CATION (Include Range or Level, if applicable)		SUPERVISOR NAME
HOURS PER WEEK	COMPANY/AGENCY	NAME			SUPERVISOR PHONE NUMBER
TOTAL WORKED	ADDRESS				
DUTIES PERFORMED	<u>I</u> D				
REASON FOR LEAVIN	NG				
FROM (MM/DD/YY)	TO (MM/DD/YY)	TITLE/JOB CLASSIFI	CATION (Include Range or Level, if applicable)		SUPERVISOR NAME
HOURS PER WEEK	COMPANY/STATE AG	BENCY NAME			SUPERVISOR PHONE NUMBER
TOTAL WORKED	ADDRESS				
DUTIES PERFORME	D				
REASON FOR LEAVI	NG				

ALBION-LITTLE RIVER FIRE PROTECTION DISTTRICT **EXAMINATION / EMPLOYMENT APPLICATION**Page 6

APPLICANT'S NAME	(Last)		(First)	(M.I.)	
FROM (MM/DD/YY)	TO (MM/DD/YY)	TITLE/JOB CLASSIF	ICATION (Include Range or Level, if applicable)		SUPERVISOR NAME
HOURS PER WEEK	COMPANY/STATE A	GENCY NAME			SUPERVISOR PHONE NUMBER
TOTAL WORKED	ADDRESS				
DUTIES PERFORMED					
REASON FOR LEAVI	NG				
FROM (MM/DD/YY)	TO (MM/DD/YY)	TITLE/JOB CLASSIF	ICATION (Include Range or Level, if applicable)		SUPERVISOR NAME
HOURS PER WEEK	COMPANY/STATE A	GENCY NAME			SUPERVISOR PHONE NUMBER
TOTAL WORKED	ADDRESS				
DUTIES PERFORME)				
REASON FOR LEAVI					

ALBION-LITTLE RIVER FIRE PROTECTION DISTRICT **EXAMINATION / EMPLOYMENT APPLICATION**Page 7

APPLICANT'S NAME	(Last)		(First)	(M.I.)	
FROM (MM/DD/YY)	TO (MM/DD/YY)	TITLE/JOB CLASSIF	CATION (Include Range or Level, if applicable)		SUPERVISOR NAME
HOURS PER WEEK	COMPANY/AGENCY	NAME			SUPERVISOR PHONE NUMBER
TOTAL WORKED	ADDRESS				
DUTIES PERFORME					
REASON FOR LEAVI	NG				
FROM (MM/DD/YY)	TO (MM/DD/YY)	TITLE/JOB CLASSIF	CATION (Include Range or Level, if applicable)		SUPERVISOR NAME
HOURS PER WEEK	COMPANY/STATE AC	GENCY NAME			SUPERVISOR PHONE NUMBER
TOTAL WORKED	ADDRESS				
DUTIES PERFORME					
REASON FOR LEAVII	NG				
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Albion-Little River Fire Protection District Privacy Notice on Information Collection

The Albion-Little River Fire Protection District (ALRFPD) is committed to the privacy of your personal information. The information requested on this form may include personal information. Under the Information Practice Act of 1977, California Civil Code section 1798.17, agencies/departments that use this form to collect personal information from individuals are required to provide a privacy notice with this form.

Legal Authority for Collection and Use of Information

CalHR is requesting the information specified on this form pursuant to Government Code sections 8310.5, 11019.11, 12946, 18720, 18720.1, 19233, 19234, 19705, 19790, 19792(h) and the California Code of Regulations, Title 2, sections 599.980, 11013(b).

The information collected will be used for determining your eligibility for employment with ALRFPD and for scheduling any required examinations as well as for contacting you. Information will also be used for analytic purposes, and/or audit purposes.

Individuals should not provide personal information that is not requested or required.

The submission of all information requested is mandatory unless otherwise noted. If you fail to provide the information requested, ARFPD will not be able to determine your eligibility for employment.

Disclosure and Sharing

ALRFPD does not, under any circumstance, sell your electronically collected personal information. In addition, Government Code section 11015.5 (6) prohibits ALRFPD from distributing or selling any electronically collected personal information, as defined above, about users to any third party without the written permission of the user. Any distribution of electronically collected personal information will be used solely for its intended use. However, we may share your personal information under the following circumstances:

- To other state departments and third party vendors for administering our human resource responsibilities as required by law:
- 2. You give us permission and we have your consent; and/or
- 3. We may release information to a party with a legal authority, such as a subpoena.

Albion-Little River Fire Protection District P.O. Box 634 Albion, CA 95410-0634 707-937-4022