

PO BOX 315 / 195 SPINK ROAD / WEST POINT CA 95255 / 209-293-7000 / FAX 209-293-1300

EMPLOYMENT APPLICATION

PLEASE TYPE OR PRINT CLEARLY, USING BLACK OR BLUE INK.

CHECK BOX FOR POSITION APPLYING FOR FULL TIME () PART TIME () VOLUNTEER FIREFIGHTER ()

ANY SPACES LEFT BLANK MAY CAUSE APPLICATION TO BE REJECTED

	Last	First	Middle Initial	Refe	red By (if applicable)
ontact Info:	Home Phone (inc	lude area code)	Cell Phone (include	area code)	Email Address	@
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raming readings		or P.O. Box		City	State	Zip
hysical Addres	ss:					
	Street A	Address		City	State	Zip
Social Security Number		California ID	California ID or CDL # Class		Exp. Date	
Current Employer			Job Title		Supervisor's Name	
Employer's	Address	Cit	ty State	Zip	Telephone (incl	ude area code)
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eferences – Please Name Name		Address Address PI	elephone:	City City ENCE	State Zip State Zip	Telephone

All information submitted on this application is true and correct to the best of my knowledge. I understand that providing false information will disqualify me from completing the hiring process.

Applicant's Signature:	Date: