FORT JONES FIRE DEPARTMENT

31 Newton St.
Fort Jones, CA 96032
(530) 468-2261

Application for Membership

APPLICANT INFORMATION												
Last Name		First		M.I.	DOB	/ /						
Street Address					Apartment/Unit #							
City		State		ZIP								
Home Phone		E-mail Address										
Cell Phone		Social Security No.	- -	Driver's License No.								
Hair		Eyes		Height		Weight		Sex	M ☐ F ☐	Blood		

EDUCATION			
Degree/Certificate Earned			
Institution		Graduation Year	
Degree/Certificate Earned			
Institution		Graduation Year	

EMERGENCY CONTACT INFORMATION					
Name		Relationship		Phone	
Physical Address					

REFERENCES			
Please list three references. (At least one professional reference.)			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

ATTACH COPIES OF CERTIFICATES, DRIVER'S LICENSE, ETC.

PREVIOUS EMPLOYMENT			
Company		Phone	
Address		Supervisor	
Job Title		May we contact your previous supervisor for a reference? YES ☐ NO ☐	
From To	Reason for Leaving		
Company		Phone	
Address		Supervisor	
Job Title		May we contact your previous supervisor for a reference? YES ☐ NO ☐	
From To	Reason for Leaving		
Company		Phone	
Address		Supervisor	
Job Title		May we contact your previous supervisor for a reference? YES ☐ NO ☐	
From To	Reason for Leaving		

BACKGROUND QUESTIONNAIRE (IF YES, PLEASE EXPLAIN. USE A SEPARATE SHEET OF PAPER, IF NEEDED.)		
Do you have any physical, mental, or medical impairment that would limit your performance as a firefighter/EMT?	YES ☐ NO ☐	
Do you have any previous fire/EMS experience?	YES ☐ NO ☐	
Have you ever resigned from employment in lieu of termination or as a result of any allegations of conduct whether found or not?	YES ☐ NO ☐	
Have you ever had any problems with your supervisors?	YES ☐ NO ☐	
Have you ever had any conflicts or problems with the public?	YES ☐ NO ☐	
Have you ever taken anything from your employer without authorization?	YES ☐ NO ☐	

By signing this application you certify that all of your answers are true and correct to the best of your knowledge. You give consent for FJFD and its associates to contact your listed references. Furthermore, you consent to a background check and its information to be released to FJFD.

Name (print):_____ Signature:_____ Date:_____

DEPARTMENT USE ONLY

DEPARTMENT MEMBER VOTE: YES ☐ NO ☐

FIRE CHIEF'S APPROVAL AND INTERVIEW: _____

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