

# Ripon Consolidated Fire District

142 S. Stockton Avenue

Ripon, Ca 95366

209-599-4209 Fax# 209-599-2847

## Application for Volunteer Employment

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business/Cell Phone: \_\_\_\_\_

Driver's License No.: \_\_\_\_\_ Expires: \_\_\_\_\_

Class: \_\_\_\_\_ Endorsements: \_\_\_\_\_

Are you a citizen of the United States? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Are you between the ages of 21 and 65? Yes: \_\_\_\_\_ No: \_\_\_\_\_

### EDUCATION:

List the highest grade completed: \_\_\_\_\_

Name of College Attended Units	From	To	Major
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other Vocation, Business, Trade, etc. attended: \_\_\_\_\_

\_\_\_\_\_

Other pertinent education background or information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List certificates or certifications you currently hold with expiration dates: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**WORK EXPERIENCE:** (start with the most recent position)

Employer	From	To	Position	Duties

**PERSONAL INFORMATION:**

**Have you ever been convicted, served a jail sentence or been placed on probation after committing a felony or misdemeanor?** Yes\_\_\_\_ No\_\_\_\_  
If yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Will you submit to a fingerprint and background check?** Yes\_\_\_\_ No\_\_\_\_  
**Will you submit to a drug-screening test?** Yes\_\_\_\_ No\_\_\_\_

**Do you have any known physical or mental conditions that could preclude you from the duties, as you understand them, required for the position you are applying?** Yes\_\_\_\_ No\_\_\_\_ If yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**List three persons, excluding immediate family members, willing to provide character references for you.**

Name	Relationship to you	Phone #

**Other information you would like us to know about you and your qualifications for this position:** \_\_\_\_\_

\_\_\_\_\_

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## **VOLUNTEER EMPLOYMENT APPLICATION DISCLAIMER AND ACKNOWLEDGEMENT**

I hereby authorize representatives of the Ripon Consolidated Fire District to contact organizations and individuals listed on this application for the purpose of establishing or verifying my qualifications, work history and work habits. I understand and acknowledge that such information will be used confidentially and for the purpose of employment decision only.

Yes: \_\_\_\_\_ No: \_\_\_\_\_

**PLEASE READ BEFORE SIGNING.** I certify that the statements made by me in this application are true, complete and correct to the best of my knowledge and belief. I understand that statements made are subject to verification and that any misrepresentation, fraud or omission of material facts may result in denial of employment or used for disciplinary action, including dismissal, after employment.

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(Signature of Applicant)

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(Date)