



Volunteer Application

Name: _____

Address: _____

City and State: _____

Are you at least 18 years of age?: Yes No

Can you submit verification of your right to work in the United States? Yes No

Home Phone: _____ E-Mail: _____

Cell Phone: _____

Work Phone: _____

Valid Driver's License? Yes No

Class: _____ State: _____ Exp: _____ Number: _____

Do you have a disability/ impairment which may prevent you from fully and safely performing duties as a firefighter? Yes No

If so, please explain in detail: _____

Have you had a Hepatitis A or B Shot? Yes No
(please attach proof)

Have you ever been convicted of a felony? Yes No
If so, please explain in detail:

Have you ever submitted an application with the Twentynine Palms Fire Department? Yes No

This section pertains to those with military service

Where you ever dishonorably discharged from the US Military? Yes No

Are you currently on Active Duty or in any type of reserve status? Yes No

Employment History: The following selection pertains to employment history for the last five years. If you have a lapse of employment please explain in detail at the bottom of the section. Please start with your present position and work your way back. If additional space is needed, please use a separate piece of paper which provides the required information. Do not indicate "refer to resume"; this will disqualify your application.

From: _____ To: _____

Name of Employer: _____

Address: _____

Phone: _____ Supervisor: _____

Duties: _____

Salary: _____ per: _____ # supervised _____

Reason for Leaving: _____

From: _____ To: _____

Name of Employer: _____

Address: _____

Phone: _____ Supervisor: _____

Duties: _____

Salary: _____ per: _____ # supervised _____

Reason for Leaving: _____

Employment History Continued

From: _____ To: _____

Name of Employer: _____

Address: _____

Phone: _____ Supervisor: _____

Duties: _____

Salary: _____ per: _____ # supervised _____

Reason for Leaving: _____

From: _____ To: _____

Name of Employer: _____

Address: _____

Phone: _____ Supervisor: _____

Duties: _____

Salary: _____ per: _____ # supervised _____

Reason for Leaving: _____

Please use this area to explain gaps of employment, indicate if you attended any schools or volunteer work during this time:

References

Please list 3 persons, preferably not employers, who have knowledge of your character, experiences, and abilities. DO NOT INCLUDE RELATIVES.

Name: _____

Occupation: _____

Phone: _____

Name: _____

Occupation: _____

Phone: _____

Name: _____

Occupation: _____

Phone: _____

PLEASE READ CAREFULLY, INITIAL EACH PARAGRAH AND SIGN BELOW

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for service and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any documents used to secure my services shall be grounds for rejection of this application or for immediate termination from service, regardless of the time elapsed before discovery.

Intls: _____

I hereby authorize the Twentynine Palms Fire Department to thoroughly investigate my references, work record, education and other matters related to my suitability for service and further, authorize the references I have listed to disclose to the department any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the department, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigations or disclosure.

Intls: _____

I understand that nothing contained in the application, or conveyed during any interview which may be granted, or during my service if selected, is intended to create a service contract between me and the Twentynine Palms Fire Department.

Intls: _____

Applicant Signature: _____

Date: _____

ADMINISTRATIVE USE ONLY

Application Received:

Accepted

Denied

Applicant Test Date:

Comments: _____
