



Newberry Springs Fire Department - APPLICATION

Dedication - Compassion - Pride
Established December 15, 1958

Position(s) Applied For: Firefighter Regular Firefighter Reserve Communications Support (Licensed Amateur Radio Operator)
 Other: _____

SECTION 1: PERSONAL INFORMATION

Last Name _____ First Name _____ Middle Name _____ Maiden _____

Have you ever been known by any other name(s)? YES NO IF YES, LIST NAMES: _____

Current Physical Address: _____

City: _____ State: _____ Zip Code: _____

How Long Have You Lived At This Address: _____ Years _____ Months IF LESS THAN TEN YEARS, PROVIDE FORMER ADDRESSE(S)
USE A SEPARATE SHEET OF PAPER OR BACK OF THIS SHEET TO PROVIDE ANY ADDITIONAL INFORMATION

Mailing Address, if Different From Physical Address: _____
City: _____ State: _____ Zip Code: _____

Contact Phone Number(s): Please Include Area Code _____

Home _____ Cell _____ Cell Provider: _____
Other (Describe) _____

Do you have a cell phone with texting enabled? YES NO e-mail Address: _____

Are You a US Citizen? YES NO If NO, are you legally able to work in this country? YES NO

Social Security Number: _____ - _____ - _____ State in which you applied and received Social Security Card: _____

Drivers License Number: _____ State of Issue: _____ Expiration Date: _____

License Class: _____ Endorsements: _____

License Restrictions: _____ Date Of License Issue: _____

Date of Birth (Required for DMV Check): Month: _____ Day: _____ Year: _____ Height: _____ Weight: _____

SECTION 2: MILITARY SERVICE

Have you ever served in the United States Armed Forces? YES NO IF NO, CONTINUE TO SECTION 3

Are you currently an active duty or reserve member of the United States Armed Forces? YES NO

Branch: _____ Discharge Date: _____

MOS/USA/AFSC: _____

Duties: _____

Type of Discharge: _____ Last Duty Station: _____

Are you currently a member of the National Guard? YES NO IF YES, State of Service: _____

SECTION 3: EDUCATION

Did you graduate from High School? YES NO IF NO, Did you obtain a GED? YES NO
USE A SEPARATE SHEET OF PAPER OR BACK OF THIS SHEET TO PROVIDE ANY ADDITIONAL INFORMATION

Name of High School: _____ City: _____ State: _____

Year of Graduation or GED: _____ Did you attend college or any post High School institution? YES NO

College/Institution Name: _____ Year of Graduation/Completion: _____

Location: City: _____ State: _____ Degree or Certification: _____

College/Institution Name: _____ Year of Graduation/Completion: _____

Location: City: _____ State: _____ Degree or Certification: _____

START DATE: _____ NSVFD #: _____ GEAR ISSUED: _____



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SECTION 4: EMPLOYMENT HISTORY

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Present or Last Employer: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Occupation: _____ How Long Employed?: _____

IF EMPLOYED LESS THAN TWO YEARS, PROVIDE PREVIOUS EMPLOYER INFORMATION ALSO

Are you currently employed? YES NO

Have you ever been terminated from employment or forced to resign? YES NO

SECTION 5: PUBLIC SERVICE HISTORY

USE A SEPARATE SHEET OF PAPER OR BACK OF THIS SHEET TO PROVIDE ANY ADDITIONAL INFORMATION

Have you ever been a member or employee of any Fire Department, Rescue Squad, Police Department or similar organization? YES NO
IF NO, CONTINUE TO SECTION 6

Name of Organization: _____

Address: _____

Employed/Member from _____ to _____ City: _____ State: _____ Zip: _____
MM/DD/YEAR MM/DD/YEAR

Position(s) Held: _____

Reason for leaving: _____

List ALL related Training You Have Received:

• _____
• _____
• _____

SECTION 6: BACKGROUND INFORMATION

List three (3) references for persons who are not related or have been related to you by marriage, blood or adoption who are familiar with your education and/or work experience. LIST NAME, MAILING ADDRESS & CONTACT PHONE NUMBER FOR EACH REFERENCE

• _____
• _____
• _____

Have you EVER been arrested, convicted of ANY crime, fined or imprisoned? YES NO IF YES, explain in detail: _____

USE A SEPARATE SHEET OF PAPER OR BACK OF THIS SHEET TO PROVIDE ANY ADDITIONAL INFORMATION

Have you ever been or are you now on probation or parole? YES NO IF YES, explain in detail: _____

Have you ever had any court order placed against you for domestic violence, disturbing the peace or violation of any court order, ordinance or regulation?
 YES NO IF YES, explain in detail: _____

Have you ever been finger printed? YES NO IF YES, provide information below:

AGENCY	DATE	REASON
_____	_____	_____
_____	_____	_____



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SECTION 7: PHYSICAL LIMITATIONS

Do you have any physical limitations that may affect your performance, personal safety, or the safety of others? YES NO

IF YES, explain in detail: _____

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SECTION 8: F.C.C. AMATEUR RADIO LICENSE INFORMATION

COMPLETE THIS SECTION IF APPLYING FOR COMMUNICATIONS SUPPORT

License Class: _____ Call Sign: _____ Date License Issued: _____ Date License Expires: _____

Capabilities: CW _____ PHONE _____ PACKET _____ BACK-UP POWER _____

HF _____ 6M _____ 2M _____ 1.25M _____ 70CM _____ 1.2GH _____

Have you ever been a member of RACES or ARES: YES NO If yes, please provide the following information:

NAME OF GROUP	DATE	POSITION
_____	_____	_____
_____	_____	_____

SECTION 9: AUTHORIZATION - ALL APPLICANTS MUST READ AND SIGN THIS SECTION TO BE CONSIDERED FOR A POSITION WITH THE NEWBERRY SPRINGS FIRE DEPARTMENT

I understand that California is an "AT WILL" employment state.

I authorize investigation to all statements in this application. I understand that misrepresentation or omission of facts called for is cause for denial of application or cause for dismissal from employment.

I understand I am applying for a PUBLIC SAFETY position and that a full background check will be performed, including a driver's license history check as required by California State law and hereby grant my permission for the background check and investigation.

I understand a physical limitation may, not in itself, preclude me from a position with this agency. The request for information on any limitation is to assist in determining:

- If the applicant can perform the job applied for;
- If any accommodations may be needed;
- If accommodations are reasonable and can be made

Further, I understand and agree that acceptance is dependant upon the successful completion of a physical agility test, oral interview, and completion of a probationary period of not less than six (6) months.

Signature: _____ Date: _____

NEWBERRY COMMUNITY SERVICES DISTRICT
NEWBERRY SPRINGS FIRE DEPARTMENT
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