



DATE: _____

APPLYING FOR

<input type="checkbox"/> RIPON RESIDENT BATTALION ON CALL FIREFIGHTER	<input type="checkbox"/> NON RIPON RESIDENT PAID ON PREMISE FIREFIGHTER
--	--

PERSONAL INFORMATION			
FIRST AND LAST NAME		EMAIL	
CURRENT ADDRESS	CITY	STATE	ZIP
PHONE NUMBER		DRIVER'S LICENSE	

EMPLOYMENT DESIRED	
POSITION	DATE YOU CAN START
ARE YOU EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
EVER APPLIED TO THE RAFD BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, WHEN?

EDUCATION HISTORY				
HIGH SCHOOL	LOCATION	YRS ATTENDED	GRADUATED?	
COLLEGE	LOCATION	YRS ATTENDED	GRADUATED?	SUBJECTS STUDIED
TRADE, BUSINESS OR CORRESPONDENCE	LOCATION	YRS ATTENDED	GRADUATED?	SUBJECTS STUDIED

FIRE EDUCATION AND SERVICE HISTORY		
PREVIOUS OR CURRENT EMPLOYMENT ON A FIRE / EMS DEPT? <input type="checkbox"/> YES <input type="checkbox"/> NO		
DEPT NAME & ADDRESS	YEARS SERVED	CHIEF NAME & PHONE NUMBER
DEPT NAME & ADDRESS	YEARS SERVED	CHIEF NAME & PHONE NUMBER
DEPT NAME & ADDRESS	YEARS SERVED	CHIEF NAME & PHONE NUMBER
REASON FOR LEAVING IF NO LONGER ON DEPT.		
POSITION(S) OR RANK ACHIEVED ON DEPT.		
WHAT FIRE CERTIFICATIONS DO YOU HOLD?		
WHAT FIRE SERVICE CERTIFICATES DO YOU HOLD?		
WHAT RELATED TRAINING CLASSES OR SEMINARS HAVE YOU ATTENDED?		



(APPLICATION CONTINUED)

NON-FIRE RELATED EMPLOYER HISTORY (PLEASE LIST LAST FOUR EMPLOYERS, LATEST FIRST)			
DATE (MONTH & YR)	EMPLOYER NAME & ADDRESS	JOB TASK & WORK HOURS	REASON FOR LEAVING

OTHER INFORMATION		
SUBJECTS OF SPECIAL STUDY / RESEARCH WORK OR SPECIAL TRAINING / SKILLS		
U.S. MILITARY OR NAVAL SERVICE	RANK	YRS SERVED

THREE PERSONAL REFERENCES YOU HAVE KNOWN FOR A YEAR PLUS (NOT EMPLOYERS OR RELATIVES)		
NAME	PHONE NUMBER	CONNECTION TO YOU

ANY OTHER INFORMATION PERTINENT TO THIS JOB APPLICATION?

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

Date: _____

Signature: _____

AFTER COMPLETELY FILLING OUT, PLEASE EMAIL TO RAFDCHIEF@RIPONAFD.NET OR DROP OFF IN PERSON AT THE RIPON FIRE STATION