



# Application for Volunteer Employment

Mount Shasta City Fire Department

Personal Information: **All applicants MUST be at least 18 years of age or older**

**1. Name:** \_\_\_\_\_  
Last First Middle

**2. Current Address:** \_\_\_\_\_  
Street City State Zip

**3. Permanent Address:** \_\_\_\_\_  
Street City State Zip

**4. Phone Number:** Day ( ) \_\_\_\_\_ Evening ( ) \_\_\_\_\_  
Cell ( ) \_\_\_\_\_

## **5. Education**

High School: \_\_\_\_\_  
Date Graduated - \_\_\_\_\_

College: \_\_\_\_\_  
Degree Obtained/Date - \_\_\_\_\_

## **6. Employment**

Are You Currently Employed:  Yes  No

If Yes, May We Contact Your Employer?  Yes  No

**Current Employer:** \_\_\_\_\_  
Name

Address City State Zip

Supervisor \_\_\_\_\_ Phone Number \_\_\_\_\_

(continued on other side)

**Previous Employment:** (List Last Two Employers, Most Recent First)

Name/Address Employer: \_\_\_\_\_  
\_\_\_\_\_

From: \_\_\_\_\_, To: \_\_\_\_\_ Reason Left: \_\_\_\_\_

Name/Address Employer: \_\_\_\_\_  
\_\_\_\_\_

From: \_\_\_\_\_, To: \_\_\_\_\_ Reason Left: \_\_\_\_\_

7. Do You Possess a California Drivers License?  Yes  No

License Number: \_\_\_\_\_ Expiration Date \_\_\_\_\_

**8. References:** (Names/Addresses/Phone Numbers of Three Persons Not Related To You Whom You Have Known At Least One (1) Year)



\_\_\_\_\_  
\_\_\_\_\_

PHONE NUMBER - \_\_\_\_\_



\_\_\_\_\_  
\_\_\_\_\_

PHONE NUMBER - \_\_\_\_\_



\_\_\_\_\_  
\_\_\_\_\_

PHONE NUMBER - \_\_\_\_\_

**9. In Case Of Emergency Notify:**

Name \_\_\_\_\_

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

Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_