CERES FIRE DEPARTMENT

209-538-5701 Fax 209-538-5681
2755 Third St, Ceres, CA 95307
www.ci.ceres.ca.us

INSTRUCTIONS:

- Please PRINT in ink or type the requested information.
- INCOMPLETE APPLICATIONS WILL BE REJECTED
- Resumes may be added, but may not be substituted for applications.
- Applications must be signed and dated.

EXPLORER APPLICATION

Last Name	First Name	Middle Initial	Position Applied For:
Address	City & State		Zip Code
Home Phone	Cellular		Email

EDUCATION

Circle Highest Grade Completed:
6 7 8 9 10 11 12

Name & Location of High School

College/University	City & State	From	To	Major & No. of Units	Degree & Year

Please complete the following information:
Do you speak, read or write any foreign language(s)? ☐Yes ☐No If yes, what language(s)_____
Do you have a valid Driver's License? ☐Yes ☐No

EXPERIENCE: Please list all employment, beginning with your current or most recent employer. In addition, please indicate any experience that you feel is relevant to the position for which you are applying.

From:_____ To:_____ Hrs. Per Week:_____	Job Title:_____ Describe Your Duties:_____ _____ _____ Reason For Leaving:_____ _____	Co. Name:_____ Address:_____ Phone No._____ Supervisor Name: _____
From:_____ To:_____ Hrs. Per Week:_____	Job Title:_____ Describe Your Duties:_____ _____ _____ Reason For Leaving:_____ _____	Co. Name:_____ Address:_____ Phone No:_____ Supervisor Name: _____

May we contact your present employer? ☐Yes ☐No

I certify that all statements on this form are true and complete to the best of my knowledge & belief. I understand that any falsification of the information on this form may be considered grounds for immediate dismissal.

_____
Signature of Applicant Date