## **HUMBOLDT BAY FIRE JPA**

Committed to Community Service through leadership, vision, and integrity.  $533 \, \text{C}$  Street Eureka, CA 95501

## **Junior Firefighter Application**

		Applican <sup>-</sup>	t Information			
Full Name:					Date:	
i uli ivallie.	Last	First		M.I.	Date:	
Address:	Chront Andrean					
	Street Address					
	City			State	ZIP Code	
Dhana			Fmail			
Phone:			Email		_	
		Parent/Guar	dian Information			
		r arenivouar				
Full Name:	1 4				Date:	
	Last	First		M.I.		
Address:						
	Street Address					
	City			State	ZIP Code	
Phone:	·		Email			
Position App	olying for: Junior Firefighte	r				
Are you related to anyone currently employed by HBF?		YES NO	Name (a)			
employed by	y HBF ?		Name(s)			
		Cale	. action			
Education						
High School	l:	Addres	ss:			
From:	To:					
Grade:						
		Refe	erences			

Please list three personal character references.

Full Name:			Relationship:	
Company:			Phone:	
Address:				
Full Name:			Relationship:	
Company:			Phone:	
Address:				
Full Name:			Relationship:	
Company:		_	Phone:	
Address:				
	Employment	: History if Applicable	_	
Company:			Phone:	
Address:			Supervisor:	
_	Hou	rs worked		
Job Title:	Hours worked per week:			
Responsibilities	s:			
From:	To:	Reason for Leaving:	<u>;                                    </u>	
May we contact	et your supervisor for a reference?	YES NO		
	A .1.1545			
	to provide addition information or to descri	onal Information be in greater detail any aspe	ects of your experience or interest	
that are pertiner	nt to this position at HBF JPA:			
			_	
	Disclaim	ner and Signature		
	Diociaiii	ior and orginataro		
I have read an concerning m statements in to of material fac application, di I may be requi	nd understand all the information cont y qualifications, character, or prior rec his application are true and complete: ct and I am aware that any misstaten isqualification from competing for, or ired to submit verification of any inform	ained in this application. ord to HBFJPA through inc that there are no misrepre nents or omissions of mat discharge from any emplo ation provided on this app	I authorize the release of information puiries to any sources. I certify that all esentations, falsifications, or omissions erial fact may cause rejection of my byment in this jurisdiction. Furthermore, plication	
Signature:			Date:	
oignature.			Date.	

Parent or	
Guardian	
Signature:	Date: