



## Alameda County Fire Department

6363 Clark Avenue · Dublin, CA 94568

Tel (925) 833-3473 · (510) 632-3473 · Fax (925) 875-9387

[www.acgov.org/fire](http://www.acgov.org/fire)

WILLIAM L. McDONALD  
Fire Chief

### Reserve Application

Please complete the entire application.

#### SERVING:

City of Dublin

City of Emeryville

City of Newark

City of San Leandro

City of Union City

Lawrence Berkeley  
National Laboratory

Lawrence Livermore  
National Laboratory

Unincorporated Areas  
of Alameda County

Alameda County  
Regional Emergency  
Communications Center  
"Accredited Center  
of Excellence"

It is the policy of Alameda County Fire Department to provide equal opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability, or veteran status.

#### 1. Applicant Information

Applicant Full Name: \_\_\_\_\_

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

City/State/ZIP: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

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

State ID (State/Number): \_\_\_\_\_ (Please send a photo with application)

#### 2. Emergency Contact

Who should be contacted if you are involved in an emergency?

Contact Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

#### 3. Job Position Applied For: Reserves

#### Residency Requirement Acknowledgment

4. To be eligible for acceptance into the Alameda County Fire Department Reserve Program, you must reside within a 50-mile radius of 6363 Clark Avenue, Dublin, CA 94568.



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### Acknowledgment:

5. Do you acknowledge and agree to this residency requirement? Yes or No  
(You must select one option; failure to select an option will disqualify your application from the selection process.)

6. Who referred you to our company? \_\_\_\_\_

Do you have any friends or relatives who work here? If yes, please list here:

\_\_\_\_\_

7. Are you at least 18 years old? \_\_\_\_ Yes \_\_\_\_ No

8. Are you willing to volunteer for any shift, including nights and weekends? \_\_\_\_ Yes \_\_\_\_ No

If no, please state any limitations:

\_\_\_\_\_

9. If you are offered volunteer position, when would you be available to begin work?

\_\_\_\_\_

### 10. Applicant's Skills

Check those skills that you have. List any other skills that may be useful for the job you are seeking. Enter the number of years of experience for each skill.

### 11. Applicant Employment History

List your current or most recent employment first. Please list all jobs (including self-employment, volunteer, clubs and military service) that you have held, beginning with the most recent, and list and explain any gaps in employment. If additional space is needed, continue on the back page of this application.

Employer Name: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_



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Can we contact \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_

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

City/State/ZIP: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Dates of Employment (Month/Year): \_\_\_\_\_

Employer Name: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Can we contact \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_

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

City/State/ZIP: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Dates of Employment (Month/Year): \_\_\_\_\_

Employer Name: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Can we contact \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_



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

City/State/ZIP: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Dates of Employment (Month/Year): \_\_\_\_\_

### 12. Applicant's Education and Training

College/University Name and Address

\_\_\_\_\_

Did you receive a degree? \_\_\_\_ Yes \_\_\_\_ No If yes, degree(s) received: \_\_\_\_\_

High School/GED Name and Address

\_\_\_\_\_

Did you receive a degree? \_\_\_\_ Yes \_\_\_\_ No

Other Training (graduate, technical, vocational):

\_\_\_\_\_

Please indicate any current professional licenses or certifications that you hold:

\_\_\_\_\_

Awards, Honors, Special Achievements:

\_\_\_\_\_



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### 13. Military Service:

\_\_\_\_ Yes \_\_\_\_ No

Branch: \_\_\_\_\_

Specialized Training: \_\_\_\_\_

### 14. References

List any two non-relatives who would be willing to provide a personal reference for you.

Name: \_\_\_\_\_

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

City/State/ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

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

City/State/ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_

### 16. Please provide any other information that you believe should be considered

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### Certification

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for the rejection of my application or, if employment commences, immediate termination.

I authorize Alameda County Fire Department to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION, AND I UNDERSTAND AND AGREE TO ITS TERMS.

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Applicant Signature

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Date

Email application to [ACFDrecruitment@acgov.org](mailto:ACFDrecruitment@acgov.org)