



NORTHERN SONOMA COUNTY FIRE PROTECTION DISTRICT

EMPLOYMENT APPLICATION

TODAY'S DATE	POSITION APPLYING FOR
NAME (LAST, FIRST, MIDDLE)	PHONE NUMBER(S)
ADDRESS (MUST INCLUDE CITY, STATE, ZIP CODE)	HAVE YOU EVER WORKED OR ATTENDED SCHOOL UNDER ANY OTHER NAMES? Yes No IF YES, PLEASE PROVIDE THOSE NAMES
EMAIL ADDRESS (PLEASE PRINT CLEARLY- THIS IS OUR MAIN METHOD OF COMMUNICATION)	

EDUCATION			
HIGH SCHOOL	CITY/STATE	DIPLOMA/GED	Yes No
COLLEGE	CITY/STATE	DEGREE MAJOR	
FIRE ACADEMY	CITY/STATE	DEGREE MAJOR	
OTHER	CITY/STATE	DEGREE MAJOR	

EMPLOYMENT HISTORY			
<i>Begin with most recent employer. Attach separate sheet if necessary.</i>			
EMPLOYER NAME, ADDRESS & PHONE NUMBER	START/END DATE	REASON FOR LEAVING MAY WE CONTACT THIS EMPLOYER? Yes No	JOB TITLE/DUTIES
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REFERENCES

Please list at least 3 references.

NAME	ADDRESS	PHONE NUMBER	OCCUPATION

CERTIFICATIONS/SKILLS

Please list any relevant training, certifications and/or skills.

QUALIFICATIONS

Are you 18 years of age or older? Yes No

If hired, can you furnish proof you are eligible to work in the United States? Yes No

APPLICANT'S STATEMENT

I certify that all the statements herein are true, and I understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

I understand that the Northern Sonoma County Fire Protection District will thoroughly investigate my work and personal history and verify all data given on this application on related papers, and in interviews. I authorize all individuals, schools, and firms named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.

I understand and agree that I may be required to undergo drug screening and physical and psychological examinations, and I agree and consent to take such examinations at such time as designated by the District and to release the District, its directors, officers, agents, or employees from any claim arising in connection with the use of such test.

I understand this application will be active for a period of one year; after that time, if I wish to be considered for employment, I must submit a new application.

I understand this application is not a contract of employment.

Applicant's Signature	Date
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FOR DEPARTMENT USE ONLY

STEP	COMPLETION DATE	NOTES
1 st Interview		
2 nd Interview		
Background		
Medical Clearance		
Fitness Test		
Hire		
Start		