

## SHASTA LAKE FIRE PROTECTION DISTRICT 4126 Ashby Ct., Shasta Lake, CA 96019-9215 ~ (530) 275-7474 ~ fax (530) 275-6502 ~ www.shastalakefpd.org

## EMPLOYMENT APPLICATION

POSITION APPLYING FOR:  If you're attaching a resume, please read: In order for your application to be co			DATE:sidered, the following section MUST be completed. A Resume MAY be attached, but					
	lieu of this section. Please atta				ipieted. 11 resume		inea, sur	
Name:			SS#					
Address:			City: State:			Zip:		
Home Phone:			Message Phone:					
Are you a US citizen	?		If not, are you	a legal resident?				
DL#	Class	State	Exp Date E-mail					
						YES	NO	
If you are hired, can yo	ou submit proof of right t	to work in the U	nited States?					
Are you at least 18 year	ars of age?							
Have you ever been di	scharged or forced to res	ign a position? (	If yes explain circumstan	ces below)				
Have you ever been er	nployed by the Shasta La	ake Fire Protection	on District? (List unde	er what name and year	· below)			
Do you have any relati	ives working for Shasta I	Lake Fire Protect	tion District? (List nat	mes and relationship b	pelow)			
Have you ever been co	onvicted of a misdemeand	or or felony? (If y	ves, please explain circun	nstances below. Note:	Conviction is not			
	ment. Each case is given individ							
	cense, permit, certificate quirements as stated on the			kills or qualificati	ons which you	feel would		

Indicate the type of work you	PERSONNEL DEPARTMENT ONLY						
would be willing to accept:	Application Review - Approval/Denial Results			Examination Results	Date Stamp		
Full Time Part Time	Action	<u>Signature</u>	<u>Date</u>				
Temporary Volunteer				Oral Score			
Seasonal				Written Score			
Shifts				Other Score			
Days Wknds				Final Score			
Evenings Rotating							
OvertimeOn-Call							

## **Employment History**

List below all present and past employment FOR THE LAST 10 YEARS beginning with your most recent. Explain gaps between employment periods.

DATES		Company			Position Held	Starting Salary
Month - Year	PRESENT					
From		Mailing Address			Supervisor Name & Title	Final Salary
	OR					
Го	~	City	State	Zip	Reason for Leaving	Phone No.
May we	LAST	Your Duties:				Hours per Week:
contact?	DOCUTION					1
Yes No	POSITION					
DATES		Company			Position Held	Starting Salary
Month - Year						
From	NEXT	Mailing Address			Supervisor Name & Title	Final Salary
Го	PREVIOUS	City	State	Zip	Reason for Leaving	Phone No.
May we contact?	POSITION	Your Duties:				Hours per Week:
Yes No						
DATES		Company			Position Held	Starting Salary
Month - Year						
From	NEXT	Mailing Address			Supervisor Name & Title	Final Salary
Го	PREVIOUS	City	State	Zip	Reason for Leaving	Phone No.
May we contact?	POSITION	Your Duties:				Hours per Week:
Yes No						

## **Education**

	Name & Address of School	Course of Study	Credits Earned		Diploma or	Grade Point
School			Quarter	Semester	Dipionia of Degree	Average
			Units	Units		
High						
College						
Other						
(Specify)						

I HEREBY CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION AND ACCOMPANYING MATERIALS ARE COMPLETE, ACCURATE ANE TRUE TO THE BEST OF MY KNOWLEDGE. I AGREE AND UNDERSTAND THAT ANY OMISSIONS OR MISSTATEMENTS OF MATERIAL FACTS CONTAINED IN THE APPLICATION MAY CAUSE ME TO FORFEIT ALL RIGHTS TO EMPLOYMENT WITH THE SHASTA LAKE FIRE PROTECTION DISTRICT. I UNDERSTAND THAT THE INFORMATION PROVIDED BY ME WILL BE VERFIED. I AUTHORIZE THE RELEASE OF PERTINENT INFORMATION TO THE DISTRICT BY EMPLOYERS AND EDUCATIONAL FACILITIES.

Signature of Applicar	t	Date
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