SHASTA FIRE PROTECTION DISTRICT

10644 High St., Shasta, CA 96087 ~ (530) 241-4615 ~ www.shastafire.org

EMPLOYMENT APPLICATION

POSITION APPLYING FOR:

DATE:

If you're attaching a resume, please read: In order for your application to be considered, the following section MUST be completed. A Resume MAY be attached, but WILL NOT be acceptable in lieu of this section.

Name:				SS#			
Address:			City: Sta		State:	Zip:	
Home Phone:			Mobile 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 you submit	t proof of right to we	ork in the Unit	ed States?				
Are you at least 18 years of age	?					_	
Do you have any prior experience working for a fire department?							
If hired, would you be willing to	o submit to a crimina	al background	check?				
Do you live within the Shasta Fire Protection District?							
Have you ever been discharged or forced to resign from of position of employment? (If yes explain below)							
Do you have any licenses, perr	mits, certificates, or	other experies	nces, skills or qual	lifications that you	believe are	particulary	
relevant outlined within the job announcement? Describe.							

Indicate the type of work you	PERSONNEL DEPARTMENT ONLY						
would be willing to accept:	Ap	plication Review - Approval/Denial R	esults	Examination Results	Date Stamp		
Full Time Part Time	Action	<u>Signature</u>	Date				
Temporary Volunteer				Oral Score			
Seasonal				Written Score			
Shifts				Other Score			
Days Wknds				Final Score			
Evenings Rotating							
Overtime On-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. If more space is needed, use a separate sheet prepared in the same format and attach securely. Incomplete information MAY result in disqualification.

DATES		Company		2	Position Held	Starting Salary
Month - Year	PRESENT					
From		Mailing Address			Supervisor Name & Title	Final Salary
То	OR	City	State	Zip	Reason for Leaving	Phone No.
10	ТАСТ	City	State	Zīp	Reason for Leaving	Phone No.
May we	LAST	Your Duties:				Hours per Week:
contact?	POSITION					
Yes No						
DATES		Company			Position Held	Starting Salary
Month - Year						
From	NEXT	Mailing Address			Supervisor Name & Title	Final Salary
То	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
То	PREVIOUS	City	State	Zip	Reason for Leaving	Phone No.
May we contact?	POSITION	Your Duties:				Hours per Week:
Yes No						

Education

School	Name & Address of School	Course of Study	Credits Quarter Units	Earned Semester Units	- Diploma or Degree	Grade Point Average
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.