



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: _____ **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. **Please attach an original copy of your current DMV driving record.**

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 you submit proof of right to work in the United States?								
Are you at least 18 years of age?								
Have you ever been discharged or forced to resign a position? <i>(If yes explain circumstances below)</i>								
Have you ever been employed by the Shasta Lake Fire Protection District? <i>(List under what name and year below)</i>								
Do you have any relatives working for Shasta Lake Fire Protection District? <i>(List names and relationship below)</i>								
Do you possess any license, permit, certificate or are there any other experiences, skills or qualifications which you feel would especially meet the requirements as stated on the job announcement? Describe.								

Indicate the type of work you would be willing to accept:	PERSONNEL DEPARTMENT ONLY				
	Application Review - Approval/Denial Results			Examination Results	Date Stamp
	<u>Action</u>	<u>Signature</u>	<u>Date</u>		
Full Time _____ Part Time _____				Oral Score _____	
Temporary _____ Volunteer _____				Written Score _____	
Seasonal _____				Other Score _____	
Shifts				Final Score _____	
Days _____ Wknds _____					
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 Month - Year	PRESENT OR LAST POSITION	Company	Position Held	Phone No.
From		Mailing Address	Supervisor Name & Title	
To		City State Zip	Reason for Leaving	
May we contact? Yes ___ No ___		Your Duties:	Hours per Week:	
DATES Month - Year	NEXT PREVIOUS POSITION	Company	Position Held	Phone No.
From		Mailing Address	Supervisor Name & Title	
To		City State Zip	Reason for Leaving	
May we contact? Yes ___ No ___		Your Duties:	Hours per Week:	
DATES Month - Year	NEXT PREVIOUS POSITION	Company	Position Held	Phone No.
From		Mailing Address	Supervisor Name & Title	
To		City State Zip	Reason for Leaving	
May we contact? Yes ___ No ___		Your Duties:	Hours per Week:	

Education

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

I HEREBY CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION AND ACCOMPANYING MATERIALS ARE COMPLETE, ACCURATE AND 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 VERIFIED. I AUTHORIZE THE RELEASE OF PERTINENT INFORMATION TO THE DISTRICT BY EMPLOYERS AND EDUCATIONAL FACILITIES.

Signature of Applicant _____ Date _____