

Schell Vista Fire District
 22950 Broadway
 Sonoma, CA 95476
 707.938.2633
 www.schellvistafire.org



Application of Employment

Date Received: _____

Information and instructions for applicants

- a. Answer all questions completely and accurately.
- b. Print or type all answers.
- c. If you move, notify the District immediately.
- d. **All sections of this application must be complete, resumes may be included in addition to the application.**

POSITION APPLIED FOR:	How did you hear about this job opening? Job Flyer Trade Publication Newspaper Ad Website Other _____
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NAME - LAST	FIRST	MIDDLE INITIAL
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EMAIL ADDRESS

MAILING ADDRESS	City	State	Zip	CONTACT # ()
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HOME ADDRESS IF DIFFERENT	City	State	Zip	HOW LONG THERE?
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PREVIOUS ADDRESS	City	State	Zip	HOW LONG THERE?
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DO YOU HAVE A LEGAL RIGHT TO WORK IN THE UNITED STATES? Yes: No:

Do you have a high school diploma, GED, or California High School Proficiency Certificate? Yes: No:

Names of Colleges/Universities attended	Type of Degree

Other licenses, certificates and training	Name and location of institution	Length of course

List any computer programs you use and your level of proficiency:

THIS SECTION MUST BE FILLED OUT

EMPLOYMENT HISTORY

List your work record for the last 10 years. Begin with your most recent experience. Include self-employment and U.S. Military service. Describe the work you did as completely as possible. List each promotion separately. Explain any gaps between employment periods. If more space is needed, use a separate sheet prepared in the same form and attach securely.

From: Month Year _____ _____	To: Month Year _____ _____	Title of Position:
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Name and Address of Employer Name: _____ Address: _____ City: State: Zip:	Name and Phone Number of Supervisor Name: _____ Phone Number: ()
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Number of Employees Supervised: _____	Hours Per Week: _____
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Reason for Leaving: _____

Description of Job Duties: _____

From: Month Year _____ _____	To: Month Year _____ _____	Title of Position:
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Name and Address of Employer Name: _____ Address: _____ City: State: Zip:	Name and Phone Number of Supervisor Name: _____ Phone Number: ()
--	--

Number of Employees Supervised: _____	Hours Per Week: _____
---------------------------------------	-----------------------

Reason for Leaving: _____

Description of Job Duties: _____

From: Month Year _____ _____	To: Month Year _____ _____	Title of Position:
--	--	--------------------

Name and Address of Employer Name: _____ Address: _____ City: State: Zip:	Name and Phone Number of Supervisor Name: _____ Phone Number: ()
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Number of Employees Supervised: _____	Hours Per Week: _____
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Reason for Leaving: _____

Description of Job Duties: _____

Were you ever discharged or forced to resign from any position? YES NO

May we contact your present and past employers for reference? YES NO

I hereby certify that all statements made in this application are true and complete to the best of my knowledge and belief. I understand that misstatements or omissions of material facts herein may forfeit my rights to any employment in the service of the Schell Vista Fire District. I authorize the Schell Vista Fire District to investigate my qualifications, employment record or character through inquiries to any source mentioned in this application.

Signature: _____	Date: _____
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