

# APTOS/LA SELVA FIRE DISTRICT

RETURN TO: 6934 SOQUEL DRIVE

APTOS, CA 95003

(831) 685-6690

## APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

Please use a typewriter or print in ink if filling this application out by hand. This application must be completed in full. Incomplete or unsigned applications will not be accepted. A resume shall be attached. All statements will be subject to verification.

1. Position applying for: \_\_\_\_\_

2. Your Name:

\_\_\_\_\_  
Last

\_\_\_\_\_  
First

\_\_\_\_\_  
Middle

3. Phone: Home \_\_\_\_\_

Cell/Mess. \_\_\_\_\_

4. Your Mailing Address:

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\* Failure to notify the A/LSFD of any contact information change may result in your removal from the eligibility list.

5. In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification form upon hire.

6. U. S. Military Record:

a. Branch of Service \_\_\_\_\_

b. Rank Attained \_\_\_\_\_

c. Job Related Experience? \_\_\_\_\_

*If you respond Yes to question 7, you must explain your response in detail and attach to this application form.*

7. Have you ever been fired or forced to resign from previous employment?  Yes  No

If yes, explain the circumstances and list dates: \_\_\_\_\_

8. Do you possess a valid California Driver's License? (Check type and number below)

Class A: No. \_\_\_\_\_

Class B: No. \_\_\_\_\_

Class C: No. \_\_\_\_\_

9. Education: Highest Grade Completed: \_\_\_\_\_

G.E.D.  Yes  No

Colleges/Universities	Location	Units Completed Sem/Qtr	Major	Degree Yes/No

10. List three references, other than relatives:

Name	Title	Address	Phone

## EMPLOYMENT HISTORY

Applications will not be accepted without a resume.

Applicants should respond completely to the information requested in this section and attempt to cover all the requirements listed in the examination announcement. Show all employment that relates to the position. List your most recent employment first. Describe different positions held with the same employer in different blocks, showing dates, etc. List all experience, paid and voluntary, related to the position for which you are applying. Additional sheets should be attached to this application when necessary to fully describe related experience, training and education.

Name & Address of Employer

Dates Employed

From: \_\_\_\_/\_\_\_\_/\_\_\_\_

To: \_\_\_\_/\_\_\_\_/\_\_\_\_

Total Months Worked: \_\_\_\_\_

Hours per Week: \_\_\_\_\_

Salary \_\_\_\_\_  
Hourly      Monthly      Weekly

Job Title & Description of Duties

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name & Title of Supervisor

Phone No.

Reason for Leaving: \_\_\_\_\_

May we contact this employer?     Yes     No

Name & Address of Employer

Dates Employed

From: \_\_\_\_/\_\_\_\_/\_\_\_\_

To: \_\_\_\_/\_\_\_\_/\_\_\_\_

Total Months Worked: \_\_\_\_\_

Hours per Week: \_\_\_\_\_

Salary \_\_\_\_\_  
Hourly      Monthly      Weekly

Job Title & Description of Duties

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name & Title of Supervisor

Phone No.

Reason for Leaving: \_\_\_\_\_

May we contact this employer?     Yes     No

Name & Address of Employer

Dates Employed

From: \_\_\_\_/\_\_\_\_/\_\_\_\_

To: \_\_\_\_/\_\_\_\_/\_\_\_\_

Total Months Worked: \_\_\_\_\_

Hours per Week: \_\_\_\_\_

Salary \_\_\_\_\_  
Hourly      Monthly      Weekly

Job Title & Description of Duties

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name & Title of Supervisor

Phone No.

Reason for Leaving: \_\_\_\_\_

May we contact this employer?     Yes     No

### READ CAREFULLY BEFORE SIGNING

#### Certificate of Applicant

I hereby certify that all statements made in this application are true and complete. I understand that this application will be used in determining my qualifications to advance to further stages of competition. I authorize investigation of all matters contained in this application. I agree and understand any mis-statement or omission of material fact on this application will cause forfeiture on my part of all rights of employment with Aptos/La Selva Fire Protection District. I further agree to be fingerprinted, to submit to a complete physical/psychological examination, and to furnish such proof of meeting the conditions of employment as may be required.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date