APTOS/LA SELVA FIRE DISTRICT

RETURN TO: 6934 SOQUEL DRIVE APTOS, CA 95003

(831) 685-6690

APPLICATION FOR EMPLOYMENT AN EQUAL OPPORTUNITY EMPLOYER

Places use a time surface	dational This	- 	at ha aclife	ماني البياسية			aliantia
Please use a typewriter or privill not be accepted. A res							Dications
1. Position applying for:							
2. Your Name:							
Last		First		Middle			
3. Phone: Home		Cell/Message		Email:			
4. Your Mailing Address:							
Street		City		,	State Zi	p Code	
 Failure to notify the 	A/LSFD of any co	ontact info. cl	hange may res	ult in your ren	noval from th	e eligibility lis	st.
5. Are you a legal residen	t of the U.S.?	☐ Yes	s □ No)			
6. U.S. Military Record:							
a. Branch of Service:							
b. Rank Attained:							
c. Job Related Experi	ience?						
If you respond Yes to que application form.	estions 7 & 8 be	low, you mu	ıst explain yo	ur responses	s in detail, a	nd attach to	o this
7. Have you ever been fire	ed or forced to r	esign from	previous emp	loyment? If	yes, explair	n the circum	nstances
and list dates. ☐ Yes	☐ No						
8. Have you ever been co	nvicted of a crin	ninal offens	e other than a	a misdemea	nor? A Yes	answer wil	l not
automatically bar you from							
9. Do you possess a valid	California Drive	er's License	? Yes	☐ No			
Class A No	Class B No Class C No						
10. Education: Highest gr	rade completed:		G.E	.D.? 🗖	Yes	□No	
Colleges/Universities	Location	ocation			pleted	Degree?	
3 2 = ==========================				Sem	Qtr	Yes	No
11. List three references,	other than relati	ves:					
Name	Title	e Address		F		Phone	

EMPLOYMENT HISTORY

Applications will not be accepted without a resume.

You 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. <u>List your most recent employment first.</u> 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:	Job Title & Description of Duties:
From:/To:/	
Total Months: Hours Per Week:	
Salary: Monthly Weekly	
Name & Title of Supervisor: Phone #:	Reason for Leaving:
May we contact this employer?	☐ Yes ☐ No
Name & Address of Employer	15 100
Dates Employed:	Job Title & Description of Duties:
From:/ To:/	
Total Months: Hours Per Week:	
Salary:	
Salary: Hourly Monthly Weekly	
Name & Title of Supervisor: Phone #:	
·	Reason for Leaving:
May we contact this employer?	☐ Yes ☐ No
Name & Address of Employer	
Dates Employed:	Job Title & Description of Duties:
From:/ To:/	
Total Months: Hours Per Week:	
Salary: Monthly Weekly	
Name & Title of Supervisor: Phone #:	
	Reason for Leaving:
May we contact this employer?	☐ Yes ☐ No
Certificate of Applicant: I hereby certify that all statements made in this application are determining my qualifications for employment. I authorize inve	True and complete. I understand that this application will be used in estigation of all matters contained in this application. I agree and on this application will cause forfeiture on my part of all rights of
Signature	 Date