



# Schell Vista Fire Protection District

22950 Broadway Sonoma, Ca. 95476

Ph. (707) 938-2633 / Fax. (707) 935-9681

[www.schellvistafire.com](http://www.schellvistafire.com) / e-mail: [info@schellvistafire.com](mailto:info@schellvistafire.com)

**Personnel Office**

Use Only

Received: \_\_\_\_\_

Accept \_\_\_\_\_

Late \_\_\_\_\_

No \_\_\_\_\_

Exper. \_\_\_\_\_

Cond. \_\_\_\_\_

Educ. \_\_\_\_\_

**APPLICANTS MUST COMPLETE THE ENTIRE EMPLOYMENT APPLICATION, EVEN IF A RESUME IS ATTACHED!**

*Please Type or Print in Ink. Incomplete or Illegible Applications will not be accepted!*

**TITLE OF POSITION FOR WHICH YOU ARE APPLYING:**

Name:

*Last*

*First*

*Middle*

*Mailing Address:*

*Home Phone:* (    )

*City:*

*State:*

*ZIP*

*Work Phone:* (    )

*Email:*

*Social Security Number:*

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

*Driver's License #*

\_\_\_\_\_

*High School Name:*

*Did you graduate?*

*Location:*

*If you did not graduate, do you have a G.E.D. Certificate?  Yes  No*

*Grade completed:*

\_\_\_\_\_

*College or University Name:*

*Did you graduate?  Yes  No*

*Location:*

*If no degree, list number of units completed:*

*Semester Units:*

*Quarter Units:*

*Years completed:*

*Degree:*

*Major:*

*Minor:*

*Post Graduate School/Other Name:*

*Did you graduate?  Yes  No*

*Location:*

*Course:*

*Degree:*

***Based upon your education and experience, please describe the skills, knowledge and abilities which qualify you for this position:***

Press TAB 1-2 times to continue to Page 2

AN EQUAL OPPORTUNITY EMPLOYER

## *Employment History (Starting with Most Recent)*

Title of Position:	Dates of Employment: <i>(use month and year)</i>	From:	To:
		Full-Time:	
Name & Address of Employer:	Phone: (     )	Annual Salary:	
		Name & Title of Supervisor(s):**	

**\*\*Your current Supervisor will not be contacted until a background investigation is initiated.**

Describe duties of position:
------------------------------

Reason for leaving:
---------------------

Title of Position:	Dates of Employment: <i>(use month and year)</i>	From:	To:
		Full-Time:	
Name & Address of Employer:	Phone: (     )	Annual Salary:	
		Name & Title of Supervisor(s):	

Describe duties of position:
------------------------------

Reason for leaving:
---------------------

Title of Position:	Dates of Employment: <i>(use month and year)</i>	From:	To:
		Full-Time:	
Name & Address of Employer:	Phone: (     )	Annual Salary:	
		Name & Title of Supervisor(s):	

Describe duties of position:
------------------------------

Reason for leaving:
---------------------

Were you discharged or asked to resign from any position that you held?	If yes, state circumstances:
---	------------------------------

Are you legally authorized to work in the United States?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------------	-----------------------------

Do you have any relatives employed by the Schell Vista Fire Protection District? If so, what is the relationship, their name and the position for which they are presently employed:
--

## EQUAL OPPORTUNITY EMPLOYER

The Schell Vista Fire Protection District accepts for employment and promotes its employees without regard to race, color, religion, sex, age, marital status, national origin, ancestry, genetic information, physical or mental handicap unrelated to ability of an individual, or an unfavorable discharge from military service, and bases appointments and promotions on merit, experience, and other qualifications applied fairly to all applicants and in accord with State and Federal law.

I certify that the information contained in this application is true to the best of my knowledge and belief. I understand that any misrepresentation of fact, as stated or implied, on this or any other employment form, will be sufficient reason not to hire me and will be cause for my dismissal.

I understand the Schell Vista Fire Protection District is in no way obligated to provide employment and that I am in no way obligated to accept employment. This application does not bind either party for a specific period of time regarding employment and the statements herein do not constitute any sort of contract of employment.

**Signature of Applicant:** \_\_\_\_\_ **Date of Application:** \_\_\_\_\_  
**Social Security #:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### Do not write below this line. FOR PERSONNEL USE ONLY

Applicant: <input type="checkbox"/> Rejected <input type="checkbox"/> Accepted	Test Score:	Interview Score:	Total:
Reason for Rejection:			Job offered: <input type="checkbox"/> Yes <input type="checkbox"/> No

