

INDICATE POSITION
APPLYING FOR

CORDELIA FIRE PROTECTION DISTRICT

SEND TO:
Cordelia Fire Protection District
2155 Cordelia Rd.
Fairfield, Ca 94534

Resident Firefighter

Career Position

Other: _____

Telephone: 707-864-0468
Fax: 707-864-8607
Office Hours: M-F 9am-5pm

EMPLOYMENT APPLICATION

IMPORTANT: AS PART OF THE RECRUITMENT PROCESS, YOU ARE **REQUIRED TO COMPLETE THIS APPLICATION**. COMPLETE **ALL UNSHADED** SECTIONS. AN INCOMPLETE APPLICATION WILL DELAY ACTION AND MAY DISQUALIFY YOU. CHECK CAREFULLY TO BE SURE YOU MEET THE EDUCATION AND EXPERIENCE AS STATED ON THE ANNOUNCEMENT. **NOTE:** Each applicant selected for employment will be fingerprinted/livescan and will submit to a health examination prior to being appointed. **APPLICATIONS WITH OMITTED INFORMATION CANNOT BE CONSIDERED OR ASSUMED.**

PRINT LEGIBLY IN INK OR TYPE

FIRST NAME			MIDDLE			LAST NAME			OTHER NAMES UNDER WHICH YOU HAVE WORKED			
Street Address						City			State		Zip Code	
Home Phone & Area Code			Email address (mandatory for dept mail)				Cell Phone & Area Code					
Last 4 #'s of Social Security #		Are you 18 years of age?		Height		Weight			Sex Male <input type="checkbox"/> Female <input type="checkbox"/>			
EDUCATION: You need only include education you believe relates to the position for which you are applying, as indicated in the Experience/Education portion of the job announcement. Be complete. Your application will be evaluated based on this information												
Circle Highest Grade Completed 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17						Do you speak/read and/or write a foreign language?						
Name of High School/ City/State:						Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		If not, do you have a G.E.D.? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Colleges Attended (Name & Location)			Dates attended (mm/yy) From: To:		Full time or Part time	Credits Earned (Sem or Qtr units)		Major		Degree (s) Earned/Date (mm/yy)		
Professional Licenses or Certificates					Date Issued (mm/yy)		Number	Expiration Date (mm/yy)		Attach Copies		
Pertinent Training/Volunteer/Continuing Education Courses			Name of Learning Institution			Location: City/State		Length of course (Hrs/days/wks)		Number of CEU's Earned?		
Do you possess a valid California driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No		License Number (and State if not CA)		Class (C/A/B/M)		Expiration Date (mm/dd/yy)		Has your Driver's license ever been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you ever been fired or asked to resign from any position? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please attach a separate sheet with detailed information.												

EMPLOYMENT HISTORY: List all work experience emphasizing experience directly related to the position for which you are applying. List the number of hours per week you worked (if qualifying experience is part time or voluntary, also list hours). Include all periods of self-employment and U.S. Military service. List each promotion separately. **You will be evaluated based on this information.** Additional copies of this form are available if required (you may also make copies). **This section must be completed.** Although a resume is **required** to be filed **DO NOT** indicate, “see attached resume” for purposes of this section, as this will be considered an incomplete application and may disqualify you.

From (mm/yy)	Present or most recent Employer (Business or Agency Name)	Address	City	State
To (mm/yy)	Title of your position	Name & Title of Supervisor –Address if Different	Agency Phone & Area Code	
Total Yrs/Mos Worked Yrs Mos	Type of Organization	# of Employees Supervised		
Hours Worked Each Week	Your Duties (List Primary Duties First)			
Reason for Leaving			If we contact your present employer, will your present position be endangered? <input type="checkbox"/> Yes <input type="checkbox"/> No	

From (mm/yy)	Employer (Business or Agency Name)	Address	City	State
To (mm/yy)	Title of your position	Name & Title of Supervisor –Address if Different	Agency Phone & Area Code	
Total Yrs/Mos Worked Yrs Mos	Type of Organization	# of Employees Supervised		
Hours Worked Each Week	Your Duties (List Primary Duties First)			
Reason for Leaving				

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To (mm/yy)	Title of your position	Name & Title of Supervisor –Address if Different	Agency Phone & Area Code	
Total Yrs/Mos Worked Yrs Mos	Type of Organization	# of Employees Supervised		
Hours Worked Each Week	Your Duties (List Primary Duties First)			
Reason for Leaving				

SUPPLEMENTAL INFORMATION: Please indicate if you possess any of the following certifications, licenses, education, and experience. Please include a copy of your current Resume as well as copies of all certificates, licenses, and additional information you feel will apply to this position.

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|---|--|
| <input type="checkbox"/> Calif State Fire Marshal Firefighter I certificate | <input type="checkbox"/> Calif State Fire Marshal Firefighter II certificate |
| <input type="checkbox"/> Calif State Fire Marshal Volunteer Firefighter I | <input type="checkbox"/> Calif State Fire Marshal Fire Officer certification |
| <input type="checkbox"/> Academy Firefighter I certificate | <input type="checkbox"/> EMT-Basic (county_____) |
| <input type="checkbox"/> Firefighter's Class B License | <input type="checkbox"/> EMT-Paramedic (county_____) |

Circle Days Available for Shift Work (Resident FF= One - 24hr shift per week)

Shifts are from 8am – 8am with the potential to run over.

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

List any other State Certified Courses:

EMERGENCY CONTACT INFORMATION: Please indicate contact person in case of emergency

Name & Relationship	Address	Home Phone	Other Phone
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REFERENCES: List four persons willing to provide professional and/or character references for you. Do not include relatives or previous employers. These people may be contacted during any part of the employment process.

Name:	Phone:	Email:
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Relationship:	Occupation:	Years known:
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Name:	Phone:	Email:
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Relationship:	Occupation:	Years known:
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Name:	Phone:	Email:
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Relationship:	Occupation:	Years known:
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Name:	Phone:	Email:
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Relationship:	Occupation:	Years known:
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In the event that you are hired, you may be required to offer proof that you are a lawfully admitted alien or U.S. citizen. **I understand that any omission or misrepresentation of material fact in this application may result in refusal of, or separation from, employment.** I hereby authorize the Cordelia Fire Protection District to make any investigation of my background deemed necessary. I authorize my former employers to give any information regarding my employment. I hereby release them and their company/agency from all damages whatsoever for issuing same.

PRIOR TO APPOINTMENT TO THE POSITION OF FIREFIGHTER, THE APPLICANT MUST FURNISH A CURRENT DRIVER'S LICENSE RECORD, SUBMIT TO LIVSCAN FINGER-PRINTING, AND COMPLETE OTHER PAPERWORK AS REQUESTED.

Signature of Applicant _____

Date _____

OFFICIAL USE ONLY	DATE STAMP