



Cloverdale Fire Protection District  
*Serving Our Community With Pride*  
451 S. Cloverdale Blvd., Cloverdale, CA 95425 • 707-894-3545 • fax 707-894-2014

## APPLICATION FOR EMPLOYMENT

Date: \_\_\_\_\_

Position Applying For:

Paid Position       Volunteer       Explorer       Auxillary

Name:      Last    First    Middle

Address \_\_\_\_\_  
\_\_\_\_\_

Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### EDUCATION

High School: \_\_\_\_\_ Diploma  yes  no

College: \_\_\_\_\_ Degree/Major \_\_\_\_\_

Tech. Training: \_\_\_\_\_

Other: \_\_\_\_\_

### EMPLOYMENT HISTORY

1. \_\_\_\_\_  
Date    Employer name, address, & phone number      *May we contact this employer*  
\_\_\_\_\_    \_\_\_\_\_      \_\_\_\_\_ yes \_\_\_\_\_ no

Position/Duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Employment History Continued....

2. \_\_\_\_\_  
Date Employer name, address, & phone number May we contact this employer  
\_\_\_\_\_ yes \_\_\_\_\_ no

\_\_\_\_\_  
Position/Duties

\_\_\_\_\_  
Reason for leaving

3. \_\_\_\_\_  
Date Employer name, address, & phone number May we contact this employer  
\_\_\_\_\_ yes \_\_\_\_\_ no

\_\_\_\_\_  
Position/Duties

\_\_\_\_\_  
Reason for leaving

**REFERENCES**

1. \_\_\_\_\_  
Name Years Known

\_\_\_\_\_  
Address Telephone

\_\_\_\_\_  
Occupation

2. \_\_\_\_\_  
Name Years Known

\_\_\_\_\_  
Address Telephone

\_\_\_\_\_  
Occupation

3. \_\_\_\_\_  
Name Years Known

\_\_\_\_\_  
Address Telephone

\_\_\_\_\_  
Occupation

**QUALIFICATIONS**

Are you 18 years of age or older?  Yes  No

Are you a United States citizen?  Yes  No

Please list all of your applicable certificates/degrees

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any special skills

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## APPLICANT'S STATEMENT

I certify that all the statements herein are true, and I understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

I understand that the Cloverdale Fire Protection District will thoroughly investigate my work and personal history and verify all data given on this application on related papers, and in interviews. I authorize all individuals, schools, and firms named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.

I understand and agree that I may be required to undergo drug screening and physical and psychological examinations, and I agree and consent to take such examinations at such time as designated by the District and to release the District, its directors, officers, agents, or employees from any claim arising in connection with the use of such test.

I understand this application will be active for a period of one year; after that time, if I wish to be considered for employment, I must submit a new application.

I understand this application is not a contract of employment.

\_\_\_\_\_  
Applicant Signature:

\_\_\_\_\_  
Date: