



SALIDA FIRE PROTECTION DISTRICT

P.O. Box 1335

4820 Salida Blvd

Salida, CA 95368

Resumes may be attached, but they will not be accepted in lieu of this application. Please use ink or a typewriter to answer both sides of application completely. Any omissions may result in delay or disqualification.

We consider applicants for all positions without regard to race, color, politics, religion, sex, national origin, ancestry, age, sexual orientation marital or veteran status, presence of a disability, social or fraternal groups or any other legally protected status. Avoid any reference to the above, or response, which would allude to the above. Qualified individuals with disabilities are responsible for informing the District at least seven (7) days prior to the final filing date if assistance is needed in completing this application.

PERSONAL INFORMATION				Position Applied For: _____	
NAME (Last)		NAME (First)		NAME (Middle)	
ADDRESS (Street)		(City)	(State)	(Zip + 4)	
TELEPHONE (Home)			TELEPHONE (Work)		
EMAIL ADDRESS			18 years of age or over? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Please answer the following questions:					
	YES	NO			
1.	<input type="checkbox"/> *	<input type="checkbox"/>	Have you ever been employed by Salida Fire Protection District?		
2.	<input type="checkbox"/> *	<input type="checkbox"/>	Are you related to any employee of Salida Fire Protection District?		
3.	<input type="checkbox"/> *	<input type="checkbox"/>	Do you have any physical condition which may limit your ability to perform the job applied for? If yes, what can be done to accommodate your limitation?		
4.	<input type="checkbox"/> *	<input type="checkbox"/>	Have you ever been discharged or forced to resign from any position?		
5.	<input type="checkbox"/> *	<input type="checkbox"/>	Have you ever been CONVICTED of a criminal offense which resulted in your being imprisoned, placed on probation, or required to pay a fine of more the \$25?		
6.	<input type="checkbox"/>	<input type="checkbox"/>	If hired, can you show verification of your legal right to work in the United States of America?		
* EXPLAIN UNDER REMARKS ON THE NEXT PAGE					
DRIVER'S LICENSE		SOCIAL SECURITY NO.			
No.	_____	(Needed to obtain certain education and/or training records)			
State	_____				
Expires	_____				

EDUCATION AND TRAINING																	
HIGHEST GRADE COMPLETED				NAME AND LOCATION OF HIGH SCHOOL				DID YOU GRADUATE?									
High School		College		Graduate						<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> GED							
1	2	3	4	*	1	2	3	4	*	1	2	3	4				
NAME AND LOCATION OF COLLEGE, BUSINESS OR TRADE SCHOOL				DATES FROM: TO:		GRADUATE YES NO		DEGREE RECEIVED		UNITS SEM/QTR		MAJOR					
_____				_____		<input type="checkbox"/> <input type="checkbox"/>		_____		_____		_____					
_____				_____		<input type="checkbox"/> <input type="checkbox"/>		_____		_____		_____					
_____				_____		<input type="checkbox"/> <input type="checkbox"/>		_____		_____		_____					

NAME (Last)

Do you speak, read or write any language other than English, which may be beneficial to the position for which you are applying?

YES NO If yes, what language(s)

No.	REMARKS

THIS SECTION MUST BE COMPLETED EVEN IF YOU ARE ATTACHING A RESUME.

List **ALL jobs** you have held in the last **10 years** beginning with your present or most recent employment. Include active military service, if any. If you need more space, you may attach additional sheets.

EXPERIENCE

EMPLOYMENT DATE From: To:	EMPLOYER	ADDRESS
HOURS WEEKLY	YOUR TITLE	REASON FOR LEAVING
SALARY Monthly: _____ SALARY Weekly: _____	DUTIES	
SUPERVISOR'S NAME	EMPLOYERS'S PHONE NUMBER	May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe Later
EMPLOYMENT DATE From: To:	EMPLOYER	ADDRESS
HOURS WEEKLY	YOUR TITLE	REASON FOR LEAVING
SALARY Monthly: _____ SALARY Weekly: _____	DUTIES	
SUPERVISOR'S NAME	EMPLOYERS'S PHONE NUMBER	May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe Later

NAME (Last)

EMPLOYMENT DATE From: To:	EMPLOYER	ADDRESS
HOURS WEEKLY	YOUR TITLE	REASON FOR LEAVING
SALARY Monthly: _____ SALARY Weekly: _____	DUTIES	
SUPERVISOR'S NAME	EMPLOYERS'S PHONE NUMBER	May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe Later
EMPLOYMENT DATE From: To:	EMPLOYER	ADDRESS
HOURS WEEKLY	YOUR TITLE	REASON FOR LEAVING
SALARY Monthly: _____ SALARY Weekly: _____	DUTIES	
SUPERVISOR'S NAME	EMPLOYERS'S PHONE NUMBER	May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe Later

CERTIFICATE OF APPLICANT

All answers and statements in this application are true and complete to the best of my knowledge and belief. I understand that untruthful or misleading answers are cause for rejection of this application, removal of name from an eligible list, or dismissal from employment.

I certify that I have read and meet the specific requirements listed on the announcement for this examination. I understand that I may be requested to submit proof of qualifications at a later date. If upon checking these you determine that I do not meet specific requirements, I understand that I will be disqualified.

Salida Fire Protection District advises all applicants that the District is obligated, per the Immigration Reform and Control Act of 1986, to verify eligibility for employment in the United States. Any offer of employment will be contingent upon the employee being authorized to work in the United States and upon the employee providing appropriate documentation verifying eligibility.

In order that the District may verify the accuracy of the information contained in my application, I hereby authorize any former employer, its employees and representatives, or any person listed as a reference to provide any and all information they deem appropriate regarding my employment, job performance, references, education or training, and criminal history, including a right to obtain any criminal history information. This information may be provided either verbally or in writing. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against any former employer, its employees and representatives, or any person listed as a reference, and release any former employer, its employees and representatives, former educational institution, or any person listed as a reference from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of such information by any person or party, whether such information is favorable or unfavorable to me.

I am aware that fingerprinting may be required after employment. In addition, I am aware that after an offer of employment has been extended, I may be required to submit to a psychological and/or medical examination that includes a drug and/or alcohol analysis. I also understand that failure to submit to or satisfactorily complete this examination may result in any offer of employment being withdrawn.

I understand that this application is not a contract of employment.

Applicant Signature

Date

Salida Fire Protection District is an Equal Opportunity/Affirmative Action Employer