



Sonoma County Fire District

Employment Application

POSITION APPLYING FOR: _____

Please type or print

NAME (LAST, FIRST, MIDDLE)	CELL PHONE NUMBER ()
ADDRESS (MUST INCLUDE CITY, STATE, ZIP CODE)	HOME PHONE NUMBER ()
E-MAIL ADDRESS	

EDUCATION

HIGH SCHOOL	CITY/STATE	DIPLOMA/GED <input type="checkbox"/> YES <input type="checkbox"/> NO
COLLEGE	CITY/STATE	DEGREE MAJOR
FIRE ACADEMY	CITY/STATE	DEGREE MAJOR
OTHER	CITY/STATE	DEGREE MAJOR

EMPLOYMENT HISTORY

Begin with most recent employer. Attach separate sheet if necessary.

FROM: TO:	EMPLOYER NAME, ADDRESS, & PHONE NUMBER	POSITION/DUTIES	Reason for Leaving May we call this employer? ____ Yes ____ No
FROM: TO:	EMPLOYER NAME, ADDRESS, & PHONE NUMBER	POSITION/DUTIES	Reason for Leaving
FROM: TO:	EMPLOYER NAME, ADDRESS, & PHONE NUMBER	POSITION/DUTIES	Reason for Leaving
FROM: TO:	EMPLOYER NAME, ADDRESS, & PHONE NUMBER	POSITION/DUTIES	Reason for Leaving



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REFERENCES

NAME	ADDRESS	PHONE NUMBER	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

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 Sonoma County Fire 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 tests.

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.

Signature

Date