

ZAYANTE FIRE PROTECTION DISTRICT
7700 E Zayante Rd
Felton, California 95018

Phone: (831) 335-5100
FAX: (831) 335-5199

Zayante Fire Protection District

Employment Application

An Equal Opportunity / Affirmative Action Employer

This application must be completed. Please Print. All statements are subject to verification.

NAME: _____
Last First Middle

Social Security #: _____ Date of Birth: _____ Cell Phone#: (____) _____

Home Address: _____ Home Phone#: (____) _____

Work Address: _____ Work Phone#: (____) _____

Have you ever been convicted of a felony or misdemeanor, or been on parole or probation? YES NO
(Do not include traffic violations under \$100.00)

*If YES, list all convictions since your 18th birthday. You must attach an explanation sheet to include: offense, date and place of conviction, sentence and date of release from custody and/or from probation/parole.

A YES answer to this question is not an automatic bar to employment. Each case is considered individually.

Have you ever been fired or forced to resign from a previous employment? YES NO

*If YES, you must attach an explanation on a separate sheet. Include employer's name, address and dates.

Are you fluent in any language in addition to English? If yes, please specify your skills:

Language(s): _____ Understand Speak Read Write
_____ Understand Speak Read Write

Do you possess a valid California driver's license? YES No License # _____ Class A B C

Title and number of certificate, license or other credential, if required for this position.

Title	Number	Issued By	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Education: Check if you possess one or more: H.S. Diploma G.E.D. CA H.S. Proficiency Certificate

Circle the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4 Post Graduate Work: _____ years

Name and Address of College, University, Vocational School or Institute	Major Course Of Study	Attended Dates From / To	Name of Degree/Certificate	Units Completed Sem. / Qtr

Additional Comments Regarding Education: Training Experience, Certificates or Qualification Credentials:

NAME / ADDRESS OF EMPLOYER

DATES EMPLOYED	JOB TITLE AND DESCRIPTION OF DUTIES
Mo. Yr. Mo. Yr.	
From: To:	
TOTAL MONTHS	
HOURS PER WEEK	
SALARY	SUPERVISOR'S NAME / TITLE
	REASON FOR LEAVING
	May we contact this employer <input type="checkbox"/> Yes <input type="checkbox"/> No

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	REASON FOR LEAVING
	May we contact this employer <input type="checkbox"/> Yes <input type="checkbox"/> No

CERTIFICATE OF APPLICANT (Read carefully before signing).

I _____, understand that any misrepresentation or deliberate omission in my application may be justification for termination or refusal of this application. I agree to undergo a physical agility test and medical examination if an offer to join is made and understand that acceptance is contingent upon meeting the agency's requirements for this test. I agree to an interview with representatives of the fire district and understand that acceptance is contingent on confirmation by the interview panel. I authorize employers, schools, or persons named in this application to give any information regarding my qualifications and character. I hereby release said employers, schools, persons and the Zayante Fire Protection District from any liability for damages for receiving or releasing information. I further agree to provide proof of citizenship or right to work. If an offer to join is given, I will provide any information regarding any criminal history I have and will give permission to the fire district to run a Department of Justice criminal history report.

Signed: _____ Printed: _____ Dated: _____

THIS SECTION IS FOR Z.F.P.D. USE ONLY

	Accepted _____	Not Accepted _____	
	Placement No. <input type="text"/>	<input type="checkbox"/> Experience	<input type="checkbox"/> Late
		<input type="checkbox"/> Education	<input type="checkbox"/> No. Sup.
		<input type="checkbox"/> Inc. App.	<input type="checkbox"/> Other