

INDICATE POSITION
APPLYING FOR

Resident Firefighter
Career Position
Other: _____

CORDELIA FIRE PROTECTION DISTRICT

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

EMPLOYMENT APPLICATION

Telephone: 707-864-0468
Fax: 707-864-8607
Office Hours:
M-F 8am-5pm

IMPORTANT: AS PART OF THE RECRUITMENT PROCESS, YOU ARE REQUIRED TO COMPLETE THIS APPLICATION. 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 may be required to pass an administered 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/Pager/Other Phone & Area Code	
Social Security Number (Optional)	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 GED College 1 2 3 4 Graduate School 1 2 3 4			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)
	From: To:				
	From: To:				
	From: To:				
Professional Licenses or Certificates (State Fire Marshal/EMT certs may be listed on pg. 3)		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? If yes, why? <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.					
Have you ever been convicted of a misdemeanor or felony? <input type="checkbox"/> Yes <input type="checkbox"/> No (A conviction may not necessarily disqualify you for employment).					
Date of Offense (mm/yy)	City & State	Charges	Penalties	Remarks	

Circle Days Available for Shift Work (Resident FF= 4- 24hr shifts per month)

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

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

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				
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				

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.

- | | |
|--|---|
| <input type="checkbox"/> CA State Fire Marshal Firefighter I | <input type="checkbox"/> Calif State Fire Marshal Firefighter II |
| <input type="checkbox"/> CA State Fire Marshal Volunteer Firefighter I | <input type="checkbox"/> California State Fire Marshal Fire Officer |
| <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_____) |

List any other State Certified Courses:

EMERGENCY CONTACT INFORMATION:

Please indicate contact person in case of emergency

Name & Relationship	Address	Home Phone	Other Phone

REFERENCE CONTACTS: List four persons willing to provide professional and/or character references for you. Do not include relatives or previous employers.

Name	Address, City, Zip code	Occupation	Length of Acquaintance

In the event that you are hired, you will 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 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 AND SUBMIT TO LIVESCAN FINGERPRINTING.

Signature of Applicant _____ **DATE** _____

OFFICIAL USE ONLY	DATE STAMP