

## WILTON FIRE PROTECTION DISTRICT

9800 Dillard Road Wilton, CA 95693 (916) 687-6920 – FAX (916) 687 8920 www.wilton-fire.org

## APPLICATION for EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Date of Applica	tion:			ease Print)			
Last Name				First Name		Middle Name	
Address				City	State		Zip
Home Phone Cell Phone		Cell Phone	E-mail				
Driving Lice	ense #	State	Class				
Position(s) Ap	Position(s) Applied for: ☐ Firefighter ☐ Engineer ☐ Captain ☐ Resident Volunteer						
FF1 Certificate?	☐ Yes ☐ No	Graduate Fire	e Academy?	s □ No EMT#			
■ Have vou eve	r filed an appli	cation with us be	efore? If Yes, give	e date		☐ Yes	□ No
-			_	te		□ Yes	□ No
					ork in the United States?	☐ Yes	□ No
Have you eve Tode (HSC) Section or its successor Sec	r been convict 11361.5 which pe ction 11336 when uana.) Convictio	rtains to various man that conviction wa	rijuana offenses, or, if s stipulated or desigi	er "no" if the conviction is the conviction was a viol	s specified in Health and Safety ation under HSC Section 11557 uded offense of the offense o ployment.	7	□ No
			EDU	JCATION			
		Name 8	& Address of School		Course of Study	Years Completed	Diploma/ Degree
ligh School							
Jndergraduate College							
Graduate Professional							
Other							

We Are An Equal Opportunity Employer

Revised: March 2011

# Wilton Fire Protection District Application for Employment

Please indicate any foreign languages you can speak, read and/or write.

	Fluent	Good	Fair	
Speak				
Read				
Write				
Describe any	specialized training, apprenticeship, skil	lls and extracurricular activities.		
Describe any	ob-related training received in the Unit	ted States military.		
		EMPLOYMENT EXPERIENCE		
organization	our present or last job. Include any jobs s which indicate race, color, religion, ge ou may attach a resume as long as it inclu	ender, national origin, disabilities or ot		
Employer:			From	То
Address:				
			<u></u>	
City:		State and Zip		
		_	<u></u>	,
Telephone #s:				
Job Title:	(Home	e) (Co Supervisor:	ell)	(Work)
Job Title.		Supervisor.		
Reason for Leav	ing:			
2.				
Employer:			From	То
Address:				
City:		State and Zip		
Talanhana #si			<u> </u>	
Telephone #s:				
Job Title:	(Home	e) (Co Supervisor:	ell)	(Work)
JOD THIC.		Super (1991)		
Reason for Leav	ring:	<del>_</del> ·	<del></del>	

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	ess or civic activities and offices held e, ancestry, disability, or other protect		ich would reveal gender
■ Other qualifications — Summar	ize special skills and qualifications acq	uired from employment or other expe	erience:
■ Were you ever discharged, rejecter requested to resign from any emplo	ed/terminated/non-reelected/released dur yment?	ing probation, or have you ever been	☐ Yes ☐ No
■ State any additional information	on you feel may be helpful to us in con	sidering your application:	
	given to the questions on this applica ntation or omission may be cause for r		best of my knowledge.
Signature of Applicant	Date		
■ References:			
1.			
Name	Telephone #		
Address	City	Zip	
2			
2.			
Name	Telephone #		
Address	City	Zip	
3.			
J.			
Name	Telephone #		
Address	City	Zip	

## Wilton Fire Protection District Application for Employment

■ Applicant's Statement:
I certify that answers given herein are true and complete to the best of my knowledge.
I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.
In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.
Signature of Applicant Date