**Ebbetts Pass Fire District**

Employment Application

INSTRUCTIONS (please read carefully): This application is an initial part of the candidate evaluation process. Please apply only if you feel reasonably certain that you meet the requirements as described in the position flyer. Print clearly in ink or use typewriter and fill this application out completely; reference to information contained in your resume or in your responses to the supplemental questionnaire will not be acceptable in lieu of complete answers. Attach additional sheets as necessary, identifying each with your name. Please notify us promptly if you have a change of address, phone or employer.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full Name (Last, First MI)  Click here to enter text. | | | Social Security Number  Click here. | |
| Home Address  Click here to enter text. | | City  . | State  . | Zip Code  . |
| Mailing Address (if different from home address)  Click here to enter text. | | | | |
| Your e-mail Address:  Click here to enter text. | | | | |
| Home Phone Number  Click here to enter text. | Work Phone Number\*  Click here to enter text. | Driver's License No.  . | State  . | Exp. Date  . |

\*May we contact you at work?  Yes  No

**Education and Training .**

Name and location of High School: Click here to enter text.

Check highest grade completed:  9  10  11  12 Did you receive a high school diploma?  Yes  No  GED

Include relevant education and training, including college, business, technical and in-service coursework.

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| --- | --- | --- | --- | --- | --- |
| School Name  Location (city and state) | Dates of Attendance | | Units/Hours  Completed | Course/Series Title  or Major Field | Degree/Certificate  Received & Year |
| From  Mo / Yr | From  Mo / Yr | Sem..or Qtr. |
| . | . | . | . | . | . |
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Additional Professional/Technical Licenses and/or Certificates and year acquired:

\_Click here to enter text.

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Remarks: Click here to enter text.

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**Experience .**

Beginning with your current or most recent position, list all positions you have held for at least the last 10 years; account for periods of unemployment. **Each title change or promotion should be listed and detailed separately.** If additional space is needed, please make copies of this page or attach additional sheets in a similar format.

|  |  |
| --- | --- |
| From: . | Employer: Click here to enter text. |
| To:. | Address: Click here to enter text. |
| Total  Yrs:. Mos:. | Job Title/Assignment: Click here to enter text. |
| Hours/Week:. | Duties: Click here to enter text. |
| Number Supervised:. |
| Last Salary: $./mo |
| Supervisor: Click here to enter text. Title: Click here to enter text. Phone: Click here to enter text. | |
| Reason for leaving: Click here to enter text. | |

|  |  |
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| Reason for leaving: Click here to enter text. | |

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| Additional pages of this application form attached?  Yes |

**Certificate of Applicant (Read carefully before signing):** I hereby certify that all statements made in this application and on all supplemental information provided are true, and I agree and understand that any misstatement of facts may cause disqualification from or forfeiture of employment. I authorize the Ebbetts Pass Fire District to make any necessary and appropriate investigations to verify the information provided.

SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_