



APPLICATION FOR EMPLOYMENT

Criminal background check, drug screen, fingerprint (livescan), medical exam and motor vehicle report may be required of any candidate offered employment.

MOSQUITO FIRE PROTECTION DISTRICT • 8801 ROCK CREEK RD, PLACERVILLE, CA 95667
P • 530.626.9017 F • 530.626.3240

Please TYPE or PRINT in dark ink. An application completed in insufficient detail, without signature, or in pencil will constitute failure of the initial step of the examination process and the application will be rejected.

A copy of certificates, licenses, and/or professional registration required to meet the minimum qualifications should be included with this application, and must be received prior to certification to a hiring department.

MOSQUITO FIRE PROTECTION DISTRICT IS AN EQUAL OPPORTUNITY EMPLOYER.

CONTACT INFORMATION

Date: _____

Name: _____
Last First Middle

Current Address: _____

Day Phone: (____) _____ - _____ Evening Phone: (____) _____ - _____

E-Mail: _____

EMPLOYMENT DESIRED

Firefighter Applicant Volunteer Firefighter Explorer Support Group

Position Applying for: _____

Full-time Yes No

Part-time Yes No

Temporary Yes No If yes, what period will you be available? From _____ To _____

What days and hours are you available for work? _____

Are you available to work on weekends? Yes No

Are there any hours you are unable to work? Yes No

If yes, what hours are you unable to work? _____

If hired, on what date can you start work? _____ / _____ / _____

Why are you applying for work here?

Do you have any relatives or friends working here? Yes No

If yes, state name(s) and relationship(s): _____

Are you at least 18 years old? Yes No

If hired, would you have a reliable means of transportation to and from work? Yes No

Are you legally eligible to work in the United States? Yes No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No

If no, describe the functions that cannot be performed:

(Note: We comply with Federal, State and Local regulations and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and skill and agility tests.)

EDUCATION, TRAINING AND EXPERIENCE

School	Name and Address	# of years completed	Did you graduate? (Y/N)	Degree/ Diploma (Y/N)
High School	Name _____ City _____ State _____ Zip _____			
College/ University	Name _____ City _____ State _____ Zip _____			
Vocational/ Business/ Other	Name _____ City _____ State _____ Zip _____			

Are you currently employed? Yes No

If yes, may we contact your current employer? Yes No

Do you have any other experience, training, qualifications, license, certification or skills that you feel make you especially suited for this position? Yes No

If yes, please explain: _____

EMPLOYMENT HISTORY

List below all present and past employment starting with your most recent employer. Account for all periods of unemployment. You must complete this section even if attaching a resume.

<p>Employer's Name _____</p> <p>Employer's Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Employer's Telephone Number _____</p>	<p>Supervisor's Name _____</p> <p>Dates of Employment _____</p> <p>May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Job Title: _____</p> <p>Job Responsibilities: _____</p> <p>_____</p> <p>Reason for Leaving: _____</p>
<p>Employer's Name _____</p> <p>Employer's Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Employer's Telephone Number _____</p>	<p>Supervisor's Name _____</p> <p>Dates of Employment _____</p> <p>May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Job Title: _____</p> <p>Job Responsibilities: _____</p> <p>_____</p> <p>Reason for Leaving: _____</p>
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Do you object to MFPD making inquiry to any of your present or prior employers? Yes No

If yes, which one(s)? _____

REFERENCES

List below two persons not related to you who have knowledge of your work performance within the last three years.

First Name	Last Name		

Address	City	State	Zip

Telephone Number	Occupation	Number of years acquainted	

First Name	Last Name		

Address	City	State	Zip

Telephone Number	Occupation	Number of years acquainted	

ACKNOWLEDGMENT

Please read carefully and sign below.

I hereby certify that I have not knowingly withheld any information that might adversely affect my eligibility for employment and that the answers given by me are true and accurate. I understand that any omission or misstatement on this application or on any document used to secure employment shall be grounds for rejection of this application or termination of employment if employed, regardless of the time elapsed before discovery.

I hereby authorize Mosquito Fire Protection District to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed, except those as noted, to disclose to Mosquito Fire Protection District any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release Mosquito Fire Protection District and my former employers from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

I further agree to be fingerprinted, to submit to a medical examination, which will include drug testing, and, upon employment, to furnish such proof of age as may be required.

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

Date

Applicant Signature