



Stanislaus Consolidated Fire Protection District
 3324 Topeka Street
 Riverbank, CA 95367
 Phone: (209) 869-7470
 Fax: (209) 869-7475

**APPLICATION FOR
 EMPLOYMENT
 STANISLAUS CONSOLIDATED FIRE PROTECTION DISTRICT
 EQUAL OPPORTUNITY EMPLOYER**

INSTRUCTIONS:

- a. Please answer **ALL** questions.
- b. Please **PRINT**, use ink or type.
- c. A **SEPARATE** application for **EACH POSITION** is required.

**BRING OR MAIL THIS APPLICATION, PROFESSIONAL
 RESUME & REQUIRED DOCUMENTATION TO:**

Stanislaus Consolidated Fire Protection District
 3324 Topeka Street
 Riverbank, California 95367

<p>1. Name: _____ (Last) (First) (Middle) Physical Address: _____ (Street) _____ (City) (State) (Zip Code) Mailing Address (if different): _____ _____ (P.O. Box or alternate address) _____ (City) (State) (Zip Code)</p>	<p>2. Position Applied For: _____</p> <p>3. Home Phone: _____ Cell Phone: _____ Email Address: _____</p> <p>4. Are you at least 18 Years of Age? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Birth: _____ (Note: Please indicate only if the position announcement requires an age limitation)</p>																																							
<p>5. EDUCATION: Please be complete to allow an accurate appraisal of your qualifications & attach transcripts and/or diploma(s).</p>	<p>Do you have a High School Diploma, GED or Equivalency Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Name & Location of Colleges or Universities Attended:</th> <th style="width: 10%;">From:</th> <th style="width: 10%;">To:</th> <th style="width: 15%;">Major:</th> <th style="width: 15%;">Units:</th> <th style="width: 10%;">Degree:</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td><input type="checkbox"/> Sem <input type="checkbox"/> Qtr _____</td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td><input type="checkbox"/> Sem <input type="checkbox"/> Qtr _____</td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td><input type="checkbox"/> Sem <input type="checkbox"/> Qtr _____</td> <td> </td> </tr> </tbody> </table>	Name & Location of Colleges or Universities Attended:	From:	To:	Major:	Units:	Degree:					<input type="checkbox"/> Sem <input type="checkbox"/> Qtr _____						<input type="checkbox"/> Sem <input type="checkbox"/> Qtr _____						<input type="checkbox"/> Sem <input type="checkbox"/> Qtr _____		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Vocational, business, trade, or correspondence schools:</th> <th style="width: 10%;">From:</th> <th style="width: 10%;">To:</th> <th style="width: 15%;">Field:</th> <th style="width: 15%;">Degree/Certificate:</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Vocational, business, trade, or correspondence schools:	From:	To:	Field:	Degree/Certificate:										
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<p>6. Languages spoken/written other than English _____ Written: <input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair Spoken: <input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair</p>																																								
<p>7. Please indicate & submit copies of the licenses/certificates you currently hold: <input type="checkbox"/> Valid Health Care CPR Exp. Date _____ <input type="checkbox"/> Advanced Cardia Life Support Exp. Date _____ <input type="checkbox"/> Valid Pediatric Advanced Life Support <input type="checkbox"/> Intermediate Trauma Life Support <input type="checkbox"/> CA EMT Exp. Date: _____ <input type="checkbox"/> ICS 100 <input type="checkbox"/> ICS 200 <input type="checkbox"/> Command 1A <input type="checkbox"/> Driver Operator 1A/1B <input type="checkbox"/> CA Firefighter 1 or <input type="checkbox"/> Graduation from a Firefighter I Academy <input type="checkbox"/> CA Firefighter 1 <input type="checkbox"/> CPAT Date: _____ <input type="checkbox"/> Health Care Provider CPR Exp. Date: _____ <input type="checkbox"/> CA EMTP Exp. Date: _____ <input type="checkbox"/> Valid CA Driver's License: <input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C <input type="checkbox"/> FF Endorsement CA Driver's License No. _____ Has your CA Driver's License ever been suspended? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, explain in box 12 below) Other Certificates/Licenses _____</p>																																								
<p>8. Check each type of work you will accept: <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Part-Time / <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Weekend <input type="checkbox"/> Shift <input type="checkbox"/> Holiday</p>																																								
<p>9. If hired, can you provide the necessary documents to verify that you are authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																																								
<p>10. Will you submit to: Live Scan Fingerprinting <input type="checkbox"/> Yes <input type="checkbox"/> No; Background Check <input type="checkbox"/> Yes <input type="checkbox"/> No; Psych Eval <input type="checkbox"/> Yes <input type="checkbox"/> No; Drug Test <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																																								
<p>11. Use this space or a separate page to list any additional Certificates/Licenses.</p>	<p>12. Use this space or a separate page to add any work-related information to aid in considering your qualifications.</p>																																							

EXPERIENCE: (Paid and Volunteer) It is very important that you present an accurate picture of how your experience qualifies you for employment. Starting with your most recent position, list all experience. Use additional sheets if necessary. Your qualifications will be initially determined based on this application. Resumes will not be accepted in lieu of a completed application. **Please be complete and specific to avoid disqualification.**

From: <u> </u> / <u> </u> Mo. Yr.	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	Employer's Name _____ Phone/Address _____ Position Title _____
To: <u> </u> / <u> </u> Mo. Yr.	_____ Hrs. Per Wk	

Duties: _____

Reason for Leaving _____

From: <u> </u> / <u> </u> Mo. Yr.	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	Employer's Name _____ Phone/Address _____ Position Title _____
To: <u> </u> / <u> </u> Mo. Yr.	_____ Hrs. Per Wk	

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Duties: _____

Reason for Leaving _____

Continued on Next Page

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Mo.	Yr.		
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		Position Title _____	
Duties: _____ _____			
Reason for Leaving _____			
PROFESSIONAL REFERENCES: Please include name, address, phone and title or association to you			
1. _____			
2. _____			
3. _____			

Applicant Certification: PLEASE READ BEFORE SIGNING. I CERTIFY that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief. I understand that statements made are subject to verification and that any misrepresentation, fraud, or omission of material facts may result in denial for District employment or used for disciplinary action, including dismissal, after employment.

I hereby authorize representatives of the Stanislaus Consolidated Fire Protection District to contact (unless otherwise noted in Section #12) organizations (including employers and schools) and individuals listed for the purpose of verifying, work history, and work habits in connection with this application for District employment. I understand and acknowledge that such information will be used confidentially and for the purposes of employment decisions only. It will not become part of my personnel records once I am employed and will not be available for review by me.

_____ Date

_____ Signature of Applicant