



Wilton Fire Protection District
9800 Dillard Road
Wilton, CA 95693
www.Wilton-Fire.org

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

PERSONAL INFORMATION

Name (Last, First, Middle): _____ Date: _____

Social Security Number: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____

Can you prove your U.S. Citizenship? Circle one: Yes No

If not a U.S. Citizen, give Visa No. and Expiration Date: _____

Position You Are Applying For: _____

Referred by: _____ Date You Can Start: _____

EDUCATION RECORD

High School (Name, City, State): _____

Graduation Date: _____

College (Name, City, State): _____

Dates Attended: _____ Degree Earned: _____

Fire Academy Attended (Name, City, State): _____

Dates Attended: _____

Fire Fighter I: (Circle One) Yes or No

Please list any Fire or EMS related certificates you hold:

WORK HISTORY (GIVE INFORMATION ABOUT YOUR LAST 2 JOBS, STARTING WITH THE MOST RECENT)

1-Employer _____ Dates Employed: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Title: _____
Reason for Leaving: _____

2-Employer _____ Dates Employed: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Title: _____
Reason for Leaving: _____

BUSINESS REFERENCES (IF APPLYING FOR YOUR FIRST JOB, YOU MAY USE ACADEMIC REFERENCES)

1-Name: _____ Phone: _____
Address: _____ Relationship: _____

2-Name: _____ Phone: _____
Address: _____ Relationship: _____

3-Name: _____ Phone: _____
Address: _____ Relationship: _____

Were you ever discharged or forced to resign from any position? Yes No If yes, explain: _____

Inquiry may be made of your former employer(s) regarding your performance record or the schools you attended to verify degrees(s). May we contact your present employer? Yes No Later

PLEASE READ AND SIGN

I understand that any omission of material fact in this application may result in refusal or separation from employment. I hereby authorize the District to make any investigation of my background deemed necessary. I authorize my former employers to give any information regarding my employment. I hereby release them and their company/agency from all damages whatsoever for issuing same. I agree to be fingerprinted, to submit to a drug test, to submit to a complete medical exam, and furnish such proof of meeting the conditions of employment as may be required.

Signature: _____ Date: _____