

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.

			(Plea	ise Print)				
Last Name				First Name		Middle Name		
Address				City		State Zip		Zip
Home Phone Cell Phone		Cell Phone		E-mail				
Driving Lice		State	Class					
		☐ Firefighter	☐ Engineer	☐ Captain ☐ Re		esident Volunteer		
FF1 Certificate?	☐ Yes ☐ No	Graduate Fi	re Academy?	s □ No EMT#			<u>-</u>	
Have you ever	r filed an appli	cation with us b	pefore? If Yes, give	e date			☐ Yes	□No
Have you eve	r been employ	ed with us befo	ore? If Yes, give da	te			☐ Yes	□ N
			mit verification of vequired upon employm	your legal right to w nent.)	ork in the United	States?	☐ Yes	□ N
			required upon employm		ork in the United	States?	□ Yes	□No
		tion status will be r	required upon employm	nent.)	ork in the United Course of St		☐ Yes Years Completed	□ No
		tion status will be r	equired upon employm	nent.)			Years	Diploma
Note: Proof of citize ligh School		tion status will be r	equired upon employm	nent.)			Years	Diploma
igh School Indergraduate ollege		tion status will be r	equired upon employm	nent.)			Years	Diploma
Note: Proof of citize		tion status will be r	equired upon employm	nent.)			Years	Diploma

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

	Fluent	Good	Fair
Speak			
Read			
Write			
Describe any sp	pecialized training, apprenticeship, skills	and extracurricular activities.	
Describe any jo	ob-related training received in the United	d States military.	
	EN	MPLOYMENT EXPERIENCE	
organizations vresume". You		elated military service assignments and der, national origin, disabilities or othe es all information listed below.	
1. Employer:			From To
Address:			
City:		State and Zip	_
Telephone #s:			_
Job Title:	(Home) (Cell Supervisor:) (Work)
Reason for Leavi	ng:		
2.			
Employer:			From To
Address:			
City:		State and Zip	_
Telephone #s:			_
	(Home)(Cell)(Work)
Job Title:		Supervisor:	
Reason for Leavi	ng:		_

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	s or civic activities and offices held. Your castry, disability, or other protected sta		ould reveal gender, race
■ Other qualifications – Summari	ze special skills and qualifications acqu	ired from employment or other expe	rience:
■ Were you ever discharged, rejector requested to resign from any employed	ed/terminated/non-reelected/released du pyment?	ring probation, or have you ever been	□ Yes □ No
■ State any additional informatio	n you feel may be helpful to us in cons	idering your application:	
	given to the questions on this applicate tation or omission may be cause for no Date		pest of my knowledge.
■ References: 1.			
Name	Telephone #		
Address	City	Zip	
2.			
Name	Telephone #		
Address	City	Zip	
3.			
Name	Telephone #		
Address	City	Zip	

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