

## Lake County Fire Protection District Employment Application

14815 Olympic Drive, Clearlake, CA 95422 Phone (707) 994-2170

**PLEASE PRINT ALL  
INFORMATION REQUESTED  
EXCEPT SIGNATURE**



### APPLICATION FOR EMPLOYMENT

**PLEASE COMPLETE PAGES 1-5.** DATE \_\_\_\_\_

Name \_\_\_\_\_  

Last
First
Middle
Maiden

Present address \_\_\_\_\_  

Number
Street
City
State
Zip

How long at this address: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Position applying for (1) \_\_\_\_\_

When are you able to start \_\_\_\_\_

How many hours can you work a week \_\_\_\_\_ Can you work nights \_\_\_\_\_

Employment desired     FULL-TIME ONLY     PART-TIME ONLY     FULL- OR PART-TIME

Days/hours available to work

No Pref \_\_\_\_\_ Thur \_\_\_\_\_

Mon \_\_\_\_\_ Fri \_\_\_\_\_

Tue \_\_\_\_\_ Sat \_\_\_\_\_

Wed \_\_\_\_\_ Sun \_\_\_\_\_

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				



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MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES?       Yes    No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?    Yes    No

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

**Work Experience**      Please list your work experience for the **past five years** beginning with your most recent job held.  
If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	
		From To	
	Your last job title		

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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May we contact your present employer?     Yes     No

Did you complete this application yourself     Yes     No

If not, who did? \_\_\_\_\_

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**AGREEMENT (PLEASE READ CAREFULLY BEFORE SIGNING)**

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I certify that all the information on this application is accurate and complete to the best of my knowledge and understand that misleading or false statements will constitute sufficient cause for refusal of hire or termination of my employment.

I understand that neither the acceptance of this application nor the subsequent entry into any type of employment relationship with Lake County Fire Protection District creates an actual or implied contract of employment. I understand that, if I accept employment with Lake County Fire Protection District, it will be on an at-will basis. This means that either Lake County Fire Protection District or I have the right to terminate the employment relationship at any time, for any reason, with or without cause.

I agree to submit to drug and alcohol testing, if requested by Lake County Fire Protection District. I release Lake County Fire Protection District, and its employees, plus other persons or companies, from any and all liability arising out of or related in any way to such testing.

I authorize Lake County Fire Protection District to investigate information concerning my education, employment experiences and all other aspects of my background relevant to my proposed employment. I release Lake County Fire Protection District and its employees from all liability arising from such investigation.

**Signature of applicant** \_\_\_\_\_ **Date:** \_\_\_\_\_

Lake County Fire Protection District is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with Lake County Fire Protection District depends solely on your qualifications.