

CAPAY VALLEY FIRE PROTECTION DISTRICT

The mission of the Capay Valley Fire Protection District is to preserve and protect the quality of life for all who live, work, visit, and invest in our jurisdiction by the efficient delivery of emergency services, which include fire prevention, protection, suppression, and emergency medical aid

Employment Application

Olooling D	Application Application	····							
		Ар	plicant I	nforma	ation				
Full Name:						D	DOB:		
	Last	Fir	st			M.I.			
Address:									
	Street Address						Apartment/Unit #		
	-								
	City					State	ZIP Code		
CDL Numbe	er:	Class:	Expiration	n:		Endorsements:	<u>:</u>		
Phone:				Email					
Date Available: Social S									
Position App	olied for:								
Are you a ci	itizen of the United St	YES ates?	NO	If no, a	re you a	authorized to work	YES in the U.S.?	NO	
Have you ev	ver worked for this co	YES mpany? □	NO	If yes,	when?_				
Have you ev	ver been convicted of	YES a felony?	NO						
If yes, expla	ıin:								
_				ation					
High School	l:		Address:						
From:	To:	Did you (graduate?	YES	NO	Diploma:			
College:			Address:						
From:	To:	Did you o	graduate?	YES	NO	Degree:			
Other:			Address:			- <u> </u>			
			, (441000.	YES	NO				
From:	To:	Did you o	graduate?	. <u> </u>		Degree:			

	Kelei	ences			
Please list thre	ee professional references.				
Full Name:				Relationship:	
Company:		Phone:			
Address:					
Full Name:				Relationship:	
Componi				Phone:	
Address:					
Full Name:				Relationship:	
Company:				Phone:	
Address:					
	Previous E	mployme	ent		
Company:				Phone:	
Address:				Supervisor:	
Job Title:	Starting S	Ending Salary:\$			
Responsibilities	s:				
From:	To:	Reason fo	or Leaving:		
May we contact	t your previous supervisor for a reference?	YES	NO		
Company:				Phone:	
Address:				Supervisor:	
Job Title:	Starting S	Ending Salary:			
Responsibilities	::				
_	To:				
•	t your previous supervisor for a reference?	YES			
				Phone:	
				Supervisor:	
	Starting S				

Responsibilities:							
From: To:	Reason for Leaving:						
May we contact your previous supervisor for a reference?	YES	NO					
Military Service							
Branch:		From:	To:				
Rank at Discharge: Type of Discharge:							
If other than honorable, explain:							
Disclaimer and Signature							
I certify that my answers are true and complete to the best of my knowledge.							
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.							
Signature:			Date:				

CAPAY VALLEY FIRE PROTECTION DISTRICT, 7447 HIGHWAY 16 GUINDA, CA 95637/ PO BOX 6 BROOKS, CA 95606/ (530)-796-3300