



Lake Valley Fire Protection District
JOB APPLICATION

2211 Keetak Street ~ South Lake Tahoe ~ CA ~ 96150
 530-577-3737

INSTRUCTIONS

Please read before signing. Answer all questions. Print in ink or type. Resume may be attached, but will not be accepted in lieu of the official application form. Submit current printout of DMV record along with application. Submitted forms will not be returned.

Position you are applying for:

PERSONAL INFORMATION

Last Name	First	Middle	
Home Address	City	State	Zip
Mailing Address (If not the same)	City	State	Zip
Home Phone	Work Phone	Ext.	Cell Phone
Social Security Number	Driver's License Number	State	Class

Can you after employment, submit verification of your legal right to work in the USA? Yes No
 Have you ever been convicted of charges other than minor traffic violations? Yes No
 If yes, provide court, date, and circumstances below. Failure to list a conviction is cause for automatic removal from the eligibility list or termination from employment.

EDUCATION

Name of last high school attended	Location		
Date of graduation (month/year)	or GED		
College or University	Major	Dates Attended	Degree

LICENSES OR CERTIFICATIONS

Attach copies of licenses or certifications (ex. CPR, First Aid).

Paramedic License Number	State of Issue	Expiration Date
EMT License Number	State of Issue	Expiration Date

Other professional Licenses, Certifications and/or Credentials

Type	Number	State of Issue	Expiration Date

GENERAL INFORMATION

Have you ever been fired or asked to resign from any previous employment?

Yes No If "Yes", explain in detail below:

Have you ever had your driver's license suspended or revoked?

Yes No If "Yes", explain in detail below:

REFERENCES

List three (3) references that you have known for at least two (2) years.

Name	Occupation	Address	Phone

EMPLOYMENT HISTORY

List all positions you have held in the last 10 years. Begin with your most recent position and list in reverse chronological order. Attach additional sheets if needed.

From: To: Salary:	Name and Address of Employer:
Supervisor's Name and Phone	Job Title and Duties:
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for leaving:
From: To: Salary:	Name and Address of Employer:
Supervisor's Name and Phone	Job Title and Duties:
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for leaving:
From: To: Salary:	Name and Address of Employer:
Supervisor's Name and Phone	Job Title and Duties:
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for leaving:
From: To: Salary:	Name and Address of Employer:
Supervisor's Name and Phone	Job Title and Duties:
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for leaving:

AFFIDAVIT

IMPORTANT! Read carefully before signing.

I have truthfully disclosed all information requested in this application. I authorize contact with any person or entity named in this application who may have knowledge concerning my past. I hereby release the Lake Valley Fire Protection District, its agents, and any person or entity that provides or receives information pursuant to this application from any and all liability and any damages which may arise therefrom.

I hereby consent to any drug testing procedures required by the Lake Valley Fire Protection District, or any other means that assures the workplace is free of drugs.

Signature

Date