



Southern Marin Fire Protection District
308 Reed Blvd.
Mill Valley, California 94941

Name: _____

Please complete the SMFD application and attach copies of the documents listed below. Send completed package to the above address, attention Liza Andre, Human Resources Manager by 4pm Monday, November 27, 2017.

Position Applied For: Deputy Fire Chief

Required Documents:

Original, signed copy of the Southern Marin Fire District Employment Application

Original, signed copy of the Southern Marin Fire District "Applicant Employment Verification for Release of Information" (**This document must be notarized by a licensed Notary Public**)

Original, Signed copy of the "Required Disclosure/Authorization to Procure Investigative Consumer Report"

Detailed Résumé

Copy of high school diploma, GED certificate, or transcripts

Copy of valid California Class C Driver's License

Original California DMV 10 year driving record obtained from a DMV office; **online DMV print outs will not be accepted**

DD 214 Long Form (**Required for all former military personnel**)



Southern Marin Fire Protection District
308 Reed Blvd. Mill Valley, CA 94941
415-388-8182
www.smfd.org

SMFD Use Only
Date/Time Rec'd
:

EMPLOYMENT APPLICATION

Please type or print in ink, and ensure you are submitting a completed application. Incomplete or illegible applications will not be considered.

Position Desired: _____ Email Address: _____

Name: _____
LAST FIRST MIDDLE

Mailing Address: _____
STREET OR PO BOX CITY STATE ZIP

Phone: Home (____) _____ Work: (____) _____ Cell: (____) _____

Social Security Number: _____ Valid CA Driver's License Number: _____

EDUCATIONAL INFORMATION

Do you have a high school diploma or GED Certificate? Yes No Highest Grade Completed: _____

Name High School: _____

Address of High School: _____

Have you attended a college, university, or vocational school? Yes No

Name of College/University/Vocational School: _____

Address of College/University/Vocational School: _____

Did you obtain a degree or certificate? Yes No If no, number of units completed: _____

If yes, please list degree or certificate and major/area of study: _____

Do you have any other college, university, or vocational school credits/units? Yes No

If yes, name of college/university/vocational school: _____

Units Completed: _____

EDUCATIONAL INFORMATION (Continued)

Please list any technical or professional licenses related to this position:

Please list any additional specialized training for this position:

EMPLOYMENT HISTORY (BEGINNING WITH MOST RECENT)

1. From: _____ Job Title: _____

To: _____ Supervisor's Name*: _____

Phone: (____) _____ Employer: _____

Annual Salary: _____ Address: _____

Describe Job Duties:

Reason for Leaving: _____

**Your current supervisor will not be contacted until a background investigation is initiated*

2. From: _____ Job Title: _____

To: _____ Supervisor's Name: _____

Phone: (____) _____ Employer: _____

Annual Salary: _____ Address: _____

Describe Job Duties:

Reason for Leaving: _____

3. From: _____ Job Title: _____

To: _____ Supervisor's Name: _____

Phone: (____) _____ Employer: _____

Annual Salary: _____ Address: _____

Describe Job Duties:

Reason for Leaving: _____

Were you ever discharged or asked to resign from any position you held? Yes No

If yes, state circumstances: _____

Do you have any relatives employed by the Southern Marin Fire Protection District? Yes No

If yes, please state their name, relationship to you, and position in which they are currently employed:

ADDITIONAL INFORMATION

Based upon your education and experience, please describe the skills, knowledge and abilities which qualify you for this position:

EQUAL OPPORTUNITY EMPLOYER

The Southern Marin Fire Protection District accepts for employment and promotes its employees without regard to race, color, religion, sex (including pregnancy, gender identity, and sexual orientation), age, marital status, national origin, ancestry, genetic information, disability, veteran status, or an unfavorable discharge from military service, and bases appointments and promotions on merit, experience, and other qualifications applied fairly to all applicants and in accord with State and Federal law.

I certify that the information contained in this application is true to the best of my knowledge and belief. I understand that any misrepresentation of fact, as stated or implied, on this or any other employment form will be sufficient reason not to hire me and will be cause for my dismissal.

I understand the Southern Marin Fire Protection District is in no way obligated to provide employment and that I am in no way obligated to accept employment. This application does not bind either party for a specific period of time regarding employment and the statements herein do not constitute any sort of contract of employment.

Signature of Applicant: _____ Date: _____

SUPPLEMENTAL QUESTIONNAIRE

Position Applied For:	Date:
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In accordance with Section 1233 of the State Government Code and Section 1420 of the State Labor Code, the information requested below will be used for statistical purposes only. It will enable the Human Resources Division to more effectively evaluate the recruitment process in meeting affirmative action goals, and to determine if there is any adverse impact in the selection process on groups protected under federal and state equal opportunity laws. This information is requested on a voluntary basis and will not be retained as part of your application. If you have any questions regarding this request, please contact the Human Resources Division. Your application will be processed whether or not you complete these questions.

PLEASE DO NOT PLACE NAME ON THIS FORM

Male **Female**

Ethnic Category

- African American

- Asian

- Caucasian

- Hispanic or Latino

- Native American or Alaska Native

- Native Hawaiian or other Pacific Islander

Referral Source

Posted Job Announcement (list where posted): _____

Professional Journal (name): _____

Website (name): _____

Friend or Relative: _____

Other: _____



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Applicant Employment Verification Authorization for Release of Information

I, _____, understand that in connection with the application process, the Southern Marin Fire Protection District may request information from my past employers and/or references, and I also understand that such investigation may include a review of any criminal records. I certify that I have provided complete and truthful information to the Southern Marin Fire Protection District regarding all sources of information concerning my past employment, education, and certification, as well as any other information requested in my employment application, and have been fully informed that any misrepresentations or material omissions concerning such information will be grounds for denying my application, withdrawing any offer of employment, or immediate discharge. In order to assist the Southern Marin Fire Protection District in obtaining documents and information to confirm my background, I hereby consent to the release of information as described below.

I request, authorize and consent to the release of information to the Southern Marin Fire Protection District regarding my previous and current employment, and authorize all employers or agents that they may designate, to respond forthrightly to verbal or written inquiries from the Southern Marin Fire Protection District regarding my employment record, including but not limited to: positions held; dates of employment; beginning and end pay rates; work performance; disciplinary records; reliability and any incidents of dishonesty; insubordination, violence and/or unsafe behavior; harmful or threatening behavior, including information based upon materials in my personnel files.

Further, I direct you to release such information upon request of any duly accredited representative of the Southern Marin Fire Protection District, regardless of any agreement, instructions or representations I may have made with you previously to contrary.

I also waive any and all rights and claims I may have against my current and past employers, their employees, representative or agents; former educational institutions, or any person listed as a reference, from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure or release of such information by any person or party, whether such information is favorable or unfavorable to me in compliance with California Civil Code Section 47 as amended.

It is with full understanding and consent that I agree that a photocopy of this authorization may be used only for the purposes stated above.

This authorization expires in 120 days.

Signed: _____ Date: _____

Social Security Number: _____



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Required Disclosure/Authorization Investigative Consumer Report

You have submitted an application for employment with Southern Marin Fire Protection District. Please be aware that as part of the application process a background investigation may be commenced, and an Investigative Consumer Report regarding you may be sought as part thereof.

The purpose of seeking an investigative consumer report is to evaluate your suitability for employment with Southern Marin Fire Protection District.

The Southern Marin Fire Protection District has specifically requested information regarding credit history and previous employment.

The investigative consumer report may include, but is not limited to, information on your character, general reputation, personal characteristics, and/or mode of living.

The report will be made by Southern Marin Fire Protection District, or an outside consultant contracted by the District.

A copy of the investigative report compiled by an outside consultant and/or credit check report will be provided to you per civil code 1786.10.

Authorization to Procure Investigative Consumer Report

I, _____ hereby authorize to procure an investigative consumer report regarding me for employment purposes. I am aware that said report may include information regarding my character, general reputation, personal characteristics, and mode of living.

Date

Signature