



EMPLOYMENT APPLICATION
Southern Marin Fire Protection District
28 Liberty Ship Way, Suite 2800
Sausalito, CA 94965

ATTN: Human Resources Manager Susan Paterson spaterson@smfd.org

INSTRUCTIONS: Answer all questions completely and accurately. Use a computer or print legibly in ink. All statements are subject to verification. An incorrect statement may bar or remove you from employment.

Position Desired _____ Email Address _____

Name _____
LAST FIRST MIDDLE

Address _____
STREET CITY STATE ZIP

Phones: Home : _____ Cell : _____

Do you have a valid California Driver's License: Yes No

BACKGROUND INFORMATION

Are there any reasons you may have difficulty in performing any of the major duties of the job for which you have applied? Yes _____ No _____

If the answer to the question is "Yes", explain fully below. Use page 4 and additional sheets if necessary.

Do you have the legal right to work in the United States? Yes No
 (Proof of U.S. citizenship or immigration status will be required upon employment.)

Are you currently on Active Reserve Military Duty Status? Yes No

EDUCATIONAL BACKGROUND

Do you have a High School Diploma or GED? Yes No

Highest grade completed (check one):	0-8	9	10	11	12	13	14	15	16	16+
College / University		# Units		Degree				Major		

Specialized training for this position:

List any related technical or professional licenses:	Expiration Dates:
_____	_____
_____	_____

WORK EXPERIENCE

Please list all jobs you have held for the past 10 years. Include any positions held more than 10 years ago which you feel are related to this position. Start with your most recent position and work backward. Attach additional sheets if necessary. **You must complete this section fully for all positions. Your resume does not substitute for this information.**

1.
From: _____ Job Title: _____
To: _____ Employer Name: _____
Phone #: _____ Supervisor's Name: _____
Describe Job Duties: Employer Address: _____

Supervised: _____ Reason for Leaving: _____
May we contact this employer? Yes No

2.
From: _____ Job Title: _____
To: _____ Employer Name: _____
Phone #: _____ Supervisor's Name: _____
Describe Job Duties: Employer Address: _____

Supervised _____ Reason for Leaving _____
May we contact this employer? Yes No

3.
From: _____ Job Title: _____
To: _____ Employer Name: _____
Phone #: _____ Supervisor's Name: _____
Describe Job Duties: Employer Address: _____

Supervised _____ Reason for Leaving _____
May we contact this employer? Yes No

Continue to next page

4.
From: _____ Job Title: _____
To: _____ Employer Name: _____
Phone #: _____ Supervisor's Name: _____
Describe Job Duties: _____ Employer Address: _____

Supervised _____ Reason for Leaving _____

May we contact this employer? Yes No

5.
From: _____ Job Title: _____
To: _____ Employer Name: _____
Phone #: _____ Supervisor's Name: _____
Describe Job Duties: _____ Employer Address: _____

Supervised _____ Reason for Leaving _____

May we contact this employer? Yes No

QUALIFICATIONS STATEMENTS

In your own words, please explain why you are interested in or feel yourself to be especially qualified for the position. (Use only the space provided.)

Continue to next page

REMARKS: Use the space below to continue your answers to any items, or to provide any additional information you feel the District should consider in reviewing your application for employment.

CERTIFICATION

I certify that all statements on this application are true and complete to the best of my knowledge. I understand that any false statements may subject me to disqualification or dismissal. I authorize the Southern Marin Fire District to investigate my qualifications, employment record or character through sources mentioned in this application.

Upon request, reasonable accommodation will be made for disabilities and for religious reasons when necessary.

The Southern Marin Fire Protection District is an Equal Opportunity Employer and as such does not discriminate against qualified applicants in hiring or employment on the basis of race, color, religious creed, national origin, sex or age, nor on the basis of physical or mental disabilities. No question on this application is intended to secure information to be used for such discrimination.

Signature

Date

EQUAL EMPLOYMENT OPPORTUNITY

APPLICANT: To assist Southern Marin Fire District in its commitment to Equal Employment Opportunity, applicants are asked to voluntarily provide the following information. This questionnaire will be separated from the application at time of receipt.

Ethnic Category (Please check the box that best describes your race/ethnicity):

AMERICAN INDIAN OR ALASKAN NATIVE – Persons having origins in any of the tribal peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

ENTER TRIBAL IDENTIFICATION OR AFFILIATION: _____

ASIAN – Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent. This includes China, Japan, and Korea.

BLACK – Persons having origins in any of the black racial groups of Africa.

FILIPINO – Persons having origins in any of the original peoples of the Philippine Islands.

HISPANIC – Persons of Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.

PACIFIC ISLANDERS – Persons having origins in the Pacific Islands, such as Samoa.

WHITE – Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

OTHER (Specify) – _____

REFERRAL SOURCE

Posted announcement (list where posted) _____

Social Media (name) _____

Recruitment Video _____

Professional Organization (name) _____

Website (name) _____

Friend or Relative (name) _____

Other (specify) _____