



**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 \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Driver's License Number and State: \_\_\_\_\_ / \_\_\_\_\_ Date of Birth(required for fire personnel): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

**BACKGROUND INFORMATION**

Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

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

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.)

**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.)*

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## 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):

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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: \_\_\_\_\_

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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.

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

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

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

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

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

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OTHER (Specify) – \_\_\_\_\_

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## REFERRAL SOURCE

Posted announcement (list where posted) \_\_\_\_\_

Social Media (name) \_\_\_\_\_

Recruitment Video \_\_\_\_\_

Professional Organization (name) \_\_\_\_\_

Website (name) \_\_\_\_\_

Friend or Relative (name) \_\_\_\_\_

Other (specify) \_\_\_\_\_