



VALLEY CENTER FIRE PROTECTION DISTRICT

28234 Lilac Road • Valley Center, CA 92082

(760) 751-7600 • Fax: (760) 749-3892 • www.vcfpd.org

Application for District Fire Chief

Please Type or Print in Black Ink

Name: _____ Last First Middle
Address: _____ Street City State Zip
(_____) Cell Phone (_____) Alternate Phone

Soc. Sec. #: _____ Are you over 18 years of age? [] Yes [] No

Can you submit verification of your right to work in the United States? [] Yes [] No

Valid Driver's License? [] Yes [] No
Class _____ State _____ Expiration Date _____ Number _____

Do you have a disability/impairment which may prevent you from fully and safely performing the duties of a Fire Chief?
[] Yes [] No (If yes, please explain) _____

Have you had a Hepatitis A or B Shot? [] Yes [] No (If Yes, when _____)

EMT Certified? [] Yes [] No Level: [] 1A [] D/C [] P Certification #: _____
County: _____ Exp. Date: _____ Original Certification Date: _____
Haz Mat Fro [] Yes [] No

Military Service Have you ever been in the Armed Forces? Y / N Branch _____ Rank _____
Duty Dates from _____ to _____ Type of Discharge _____

Education

Table with 4 columns: Name, Address and Phone Number of Schools; Course of Study; Degree?; Date Completed. Rows include High School, College/University, Trade/Business School.

Experience

In the space provided, give your complete record of employment during the last five years. Explain any gaps between periods of employment. List your positions in the order in which you held them starting with your present position and work back. If you wish, you may include experience more than five years ago. If more space is needed, use a separate sheet which provides the required information and attach to this application. **Do not indicate** "refer to resume"; **this will disqualify your application.**

From (mo./yr.):	To (mo./yr.):	Title:
Name:	Duties:	
Address:		
Phone:		
Supervisor:		
Reason for Leaving:		# supervised if any? _____ Salary \$ _____ per: _____ Hours per week _____
From (mo./yr.):	To (mo./yr.):	Title:
Name:	Duties:	
Address:		
Phone:		
Supervisor:		
Reason for Leaving:		# supervised if any? _____ Salary \$ _____ per: _____ Hours per week _____
From (mo./yr.):	To (mo./yr.):	Title:
Name:	Duties:	
Address:		
Phone:		
Supervisor:		
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From (mo./yr.):	To (mo./yr.):	Title:
Name:	Duties:	
Address:		
Phone:		
Supervisor:		
Reason for Leaving:		# supervised if any? _____ Salary \$ _____ per: _____ Hours per week _____

Were you ever discarded or forced to resign from any position? Yes No (If yes, please explain)

References

List names of three (3) persons, preferably not employers, who have knowledge of your character, experience and ability. Do not include relatives.

Name	Occupation	Phone
Name	Occupation	Phone
Name	Occupation	Phone

List below any training, education and certification pertinent to the position for which you are applying.

After a legitimate employment offer, we may require a drug test, photograph, work permit, a job related physical and psychological examination, background check and credit history.

CERTIFICATE OF APPLICANT: READ CAREFULLY BEFORE SIGNING

I certify that the information provided on this job application and any attachments or resume is true, correct and is complete. I certify there are no misstatements, misrepresentations or omission of facts.

I understand that any misstatements, misrepresentations or omissions of fact contained herein will be ground for denial of employment or immediate termination from service with the Valley Center Fire Protection District.

I authorize the investigation of all disclosures of provided information and reference checks to verify my suitability for employment.

Signature of Applicant: _____ Date: _____

Optional:

How did you learn of this employment opportunity?

- Job Announcement Bulletin Word of Mouth Notification Service (name) _____
 VCFPD Employee Palomar JPA Advertisement
 Other _____

How did you obtain the Application Packet?

- vcfpd.org VCFPD administrative offices Internet Recruitment Hotline
 Other _____