



# VALLEY CENTER FIRE PROTECTION DISTRICT

28234 Lilac Road • Valley Center, CA 92082

(760) 751-7600 • Fax: (760) 749-3892 • [www.vcfpd.org](http://www.vcfpd.org)

## Application for Employment

Please Type or Print in Black Ink

1. Name: _____			
Last	First	Middle	
2. Address: _____			
Street		City	State    Zip
3. (_____) _____ (_____) _____ _____			
Home Phone		Cell Phone	Email
4. Soc. Sec. #: _____		5. Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Can you submit verification of your right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
7. Valid CA Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No      Valid California Ambulance Driver Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Class _____	State _____	Expiration Date _____	Number _____

8. Do you have a disability/impairment which may prevent you from fully and safely performing the duties of a Firefighter?  
 Yes     No    (If yes, please explain) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

9. Have you had a Hepatitis A or B Shot?     Yes     No ( If Yes, when \_\_\_\_\_ )

10. **Firefighter I** Certified?     Yes     No    Certification #: \_\_\_\_\_    Date Certified: \_\_\_\_\_  
 Qualified? (If not certified)     Yes     No    (If yes, attach training records or certificates)

11. <b>EMT</b> Certified? <input type="checkbox"/> Yes <input type="checkbox"/> No      Level: <input type="checkbox"/> 1A <input type="checkbox"/> D/C <input type="checkbox"/> P      Certification #: _____	12. <b>Haz Mat Fro</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
County: _____    Exp. Date: _____    Original Certification Date: _____	

### Education

13. Name, Address and Phone Number of Schools	Course of Study	Degree?	Date Completed
High School			
College/University			
Trade/Business School			

## Experience

14. 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:		
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 _____

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

---



---



---



---



---



---



---



---

## References

16. 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

17. 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 \_\_\_\_\_