

LAKESIDE FIRE PROTECTION DISTRICT

Reserve Firefighter Application

INSTRUCTIONS (please read carefully): This application is an initial part of the candidate evaluation process. Please apply only if you feel reasonably certain that you meet the requirements as described in the position flyer. Print clearly in ink or use typewriter and fill this application out completely; reference to information contained in your resume or in your responses to the supplemental questionnaire will not be acceptable in lieu of complete answers. Attach additional sheets as necessary, identifying each with your name. Incomplete applications will not be accepted. Please notify us promptly if you have a change of address, phone or employer.

Full Name (Last, First MI)			Social Security Number	
Home Address		City	State	Zip Code
Mailing Address (if different from home address)			E-mail address	
Home Phone Number ()	Work Phone Number* ()	Driver's License Number	State	Exp. Date

*May we contact you at work? Yes No May we contact your current employer? Yes No
 If no, please explain under remarks.

EDUCATION AND TRAINING

Name and location of High School: _____
 Circle highest grade completed: 9 10 11 12 Did you receive a high school diploma? Yes No GED

Include relevant education and training, including college, business, technical and in-service coursework. **Copies of the following must be submitted with signed application: High School Diploma/GED, EMT License, CPR/Healthcare Provider card, and California Driver's License.**

School Name Location (city and state)	Dates of Attendance		Units/Hours Completed		Course/Series Title or Major Field	Degree/Certificate Received & Year
	From Mo / Yr	From Mo / Yr	Sem.	Qtr.		

Additional Professional/Technical Licenses and/or Certificates and year acquired:

Remarks:

EXPERIENCE

Beginning with your current or most recent position, list all positions you have held for at least the last 10 years; account for periods of unemployment. **Each title change or promotion should be listed and detailed separately.** If additional space is needed, please make copies of this page or attach additional sheets in a similar format.

From: / /	Employer:
To: / /	Address:
Total Yrs: Mos:	Job Title/Assignment:
Hours/Week:	Duties
Number Supervised:	
Last Salary:\$ /mo	
Supervisor:	Title: Phone: ()
Reason for leaving:	
From: / /	Employer:
To: / /	Address:
Total Yrs: Mos:	Job Title/Assignment:
Hours/Week:	Duties
Number Supervised:	
Last Salary:\$ /mo	
Supervisor:	Title: Phone: ()
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From: / /	Employer:
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Supervisor:	Title: Phone: ()
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From: / /	Employer:
To: / /	Address:
Total Yrs: Mos:	Job Title/Assignment:
Hours/Week:	Duties
Number Supervised:	
Last Salary:\$ /mo	
Supervisor:	Title: Phone: ()
Reason for leaving:	

Additional pages of this application form attached? Yes No

CERTIFICATE OF APPLICANT (Read carefully before signing): I hereby certify that all statements made in this application and on all supplemental information provided are true, and I agree and understand that any misstatement of facts may cause disqualification from or forfeiture of employment. I authorize the Lakeside Fire District to make any necessary and appropriate investigations to verify the information provided.

SIGNATURE: _____ DATE: _____