

**Sonoma Valley Fire District**  
**630 Second Street West**  
**Sonoma, CA 95476**  
**707.996.2102**  
**www.sonomavalleyfire.org**



# *Application of Employment*

Date Received:

## **Information and instructions for applicants**

- a. Answer all questions completely and accurately.
- b. Print or type all answers.
- c. If you move, notify the District immediately.

d. **All sections of this application must be complete, resumes may be included in addition to the application.**

POSITION APPLIED FOR:

How did you hear about this job opening?

Job Flyer:  Trade Publication:  Web Site:  Newspaper Ad:  
 Other: \_\_\_\_\_

NAME - LAST

FIRST

MIDDLE  
INITIAL

EMAIL ADDRESS

MAILING ADDRESS

City State Zip

CONTACT #  
( )

HOME ADDRESS IF DIFFERENT

City State Zip

HOW LONG THERE?

PREVIOUS ADDRESS

City State Zip

HOW LONG THERE?

DO YOU HAVE A LEGAL RIGHT TO WORK IN THE UNITED STATES? Yes:  No:

Do you have a high school diploma, GED, or California High School Proficiency Certificate? Yes:  No:

Names of Colleges/Universities attended

Type of Degree

Names of Colleges/Universities attended	Type of Degree

Other licenses, certificates and training

Name and location of institution

Length of course

Other licenses, certificates and training	Name and location of institution	Length of course

List any computer programs you use and your level of proficiency:

**THIS SECTION MUST BE FILLED OUT**

**EMPLOYMENT HISTORY**

List your work record for the last 10 years. Begin with your most recent experience. Include self-employment and U.S. Military service. Describe the work you did as completely as possible. List each promotion separately. Explain any gaps between employment periods. If more space is needed, use a separate sheet prepared in the same form and attach securely.

From: Month            Year _____    _____	To: Month            Year _____    _____	Title of Position:
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Name and Address of Employer Name: _____ Address: _____ City:                    State:            Zip:	Name and Phone Number of Supervisor Name: _____ Phone Number: (    )
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Number of Employees Supervised: _____	Hours Per Week: _____
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Reason for Leaving: \_\_\_\_\_

Description of Job Duties: \_\_\_\_\_

\_\_\_\_\_

From: Month            Year _____    _____	To: Month            Year _____    _____	Title of Position:
--	--	--------------------

Name and Address of Employer Name: _____ Address: _____ City:                    State:            Zip:	Name and Phone Number of Supervisor Name: _____ Phone Number: (    )
--	--

Number of Employees Supervised: _____	Hours Per Week: _____
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Reason for Leaving: \_\_\_\_\_

Description of Job Duties: \_\_\_\_\_

\_\_\_\_\_

From: Month            Year _____    _____	To: Month            Year _____    _____	Title of Position:
--	--	--------------------

Name and Address of Employer Name: _____ Address: _____ City:                    State:            Zip:	Name and Phone Number of Supervisor Name: _____ Phone Number: (    )
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Number of Employees Supervised: _____	Hours Per Week: _____
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Reason for Leaving: \_\_\_\_\_

Description of Job Duties: \_\_\_\_\_

\_\_\_\_\_

Were you ever discharged or forced to resign from any position? YES  NO

May we contact your present and past employers for reference? YES  NO

I hereby certify that all statements made in this application are true and complete to the best of my knowledge and belief. I understand that misstatements or omissions of material facts herein may forfeit my rights to any employment in the service of the Sonoma Valley Fire District. I authorize the Sonoma Valley Fire District to investigate my qualifications, employment record or character through inquiries to any source mentioned in this application.

Signature: _____	Date: _____
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