

# Employment Application



**Sonoma Valley Fire District**  
 630 2<sup>nd</sup> Street West  
 Sonoma, CA 95476-6901  
 (707) 996-2102  
 Fax: (707) 996-2868  
 svfra@sonomavalleyfire.org

## Information and instructions for applicants

- a. Answer all questions completely and accurately.      d. If you need additional space, use a plain sheet of paper.  
 b. Print or type all answers.      e. Resumes are welcome, but application must be completed.  
 c. A false statement will be an automatic disqualification.

### Position Applied For:

### How did you hear about this job opening?

Job Flyer:       Trade Publication:   
 Newspaper Ad:       Other:

NAME - LAST	FIRST	MIDDLE INITIAL
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MAILING ADDRESS	City	State	Zip	PHONE #
				Day: (    )
				Evening: (    )

HOME ADDRESS IF DIFFERENT	City	State	Zip	HOW LONG THERE

PREVIOUS ADDRESS	City	State	Zip	HOW LONG THERE

SOCIAL SECURITY # \_\_\_\_\_      DRIVERS' LICENSE # \_\_\_\_\_

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

### PERSONAL REFERENCES: (List at least three. Do not list relatives or former employers.)

Name:	Phone:	Occupation:
1.		
2.		
3.		
4.		
5.		

Please list names of schools attended	Date last attended	Diploma/Degree
1.		
2.		
3.		
4.		

Have you been convicted of a felony in the past 7 (seven) years?    Yes \_\_\_\_\_    No \_\_\_\_\_

If yes, please explain.

List any licenses or professional certificates:	_____
List any special skills, equipment, or office machines you can operate:	_____ _____ _____

### EMPLOYMENT HISTORY

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:	Monthly Salary:	Hours Worked Per Week:
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:	Monthly Salary:	Hours Worked Per Week:
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:	Monthly Salary:	Hours Worked Per Week:
Reason for Leaving:		
Description of Job Duties:		

May we contact your present and past employers for a 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 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:** \_\_\_\_\_