



Sonoma Valley Fire District Employment Application

630 2nd Street West
Sonoma, CA 95476-6901
(707) 996-2102
Fax: (707) 996-2868
svfra@svfra.org

Information and instructions for applicants

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

Position applying for: _____

NAME - LAST _____	FIRST _____	MIDDLE INITIAL _____
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MAILING ADDRESS _____	City	State	Zip		PHONE NO. Day: () _____ Eve: () _____
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HOME ADDRESS IF DIFFERENT _____	City	State	Zip		HOW LONG THERE _____
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PREVIOUS ADDRESS _____	City	State	Zip		HOW LONG THERE _____
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EMAIL ADDRESS _____	DO YOU HAVE A LEGAL RIGHT TO WORK IN THE UNITED STATES? Yes: ____ No: ____
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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	Years Completed	Field of Study	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:

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 _____

How did you hear about this job opening? _____

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: _____