NORTHSHORE FIRE PROTECTION DISTRICT

EMPLOYMENT APPLICATION

[ ] Volunteer
[ ] Part time
[ ] Full time

STATION 77 [ ] SPRING VALLEY
STATION 76 [ ] GLENHAVEN
STATION 75 [ ] CLEARLAKE OAKS
STATION 80 [ ] LUCERNE
STATION 85 [ ] NICE
STATION 90 [ ] UPPER LAKE
STATION 91 [ ] BLUE LAKES

EMPLOYMENT APPLICATION PACKET

MISSION STATEMENT

"The mission of the Northshore Fire Protection District is to protect lives, the environment, and property by providing prompt, skillful, and cost effective fire protection and life safety services.."

NORTHSHORE FIRE PROTECTION DISTRICT

District Office 6257 7th Ave, P.O. Box 1199
Lucerne, California 95458 (707) 274-3100
Jay Beristianos, Fire Chief

EMPLOYMENT APPLICATION

PLEASE PRINT OR TYPE **DATE OF APPLICATION**_____

NAME OF APPLICANT:_____ **DATE OF BIRTH:**_____

DO YOU HAVE A VALID CALIFORNIA DRIVERS LICENSE: **YES** **NO**

IF YES: LICENSE NUMBER_____ **CLASS:**_____

DATE OF EXPIRATION: ____/____/____ **ATTACHMENTS:**_____

DO YOU HAVE CURRENT INSURANCE ON YOUR VEHICLE ?

IF YES: NAME OF COMPANY:_____ **POLICY#**_____

YOUR PHYSICAL ADDRESS:_____

YOUR MAILING ADDRESS:_____ **CA ZIP:**_____

TELEPHONE NUMBERS: (HOME) ( )_____ **(WORK) ( )**_____

CELLPHONE NUMBER: ( )_____

EMAIL ADDRESS:_____

WHO MAY WE CONTACT IN CASE OF AN EMERGENCY?

NAME:_____ **PHONE# ( )**_____

PHYSICAL ADDRESS:_____

MAILING ADDRESS:_____

DO YOU HAVE ANY DISABILITIES THAT WOULD AFFECT YOUR JOB PREFORMANCE AS A FIREFIGHTER?

YES NO IF YES, EXPLAIN:_____

NORTHSHORE FIRE PROTECTION DISTRICT

HAVE YOU EVER BEEN CONVICTED OF A FELONY?

YES NO IF YES, PLEASE EXPLAIN;

_____

_____

DO YOU HAVE ANY PREVIOUS FIRE DEPARTMENT EXPERIENCE, TRAINING, OR MEDICAL TRAINING CERTIFICATIONS ? YES NO

IF YES, (PLEASE ATTACH COPIES OF CERTIFICATES)

A DEPARTMENT OF MOTOR VEHICLES PRINTOUT SHOWING CURRENT DRIVERS' LICENCE STATUS MUST ACCOMPANY THIS APPLICATION.

I, HEREBY CERTIFY THAT THE INFORMATION SUPPLIED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT I UNDERSTAND THE FIREFIGHTER DESCRIPTION.

SIGNATURE OF APPLICANT:

_____**DATE**_____

I HEREBY GIVE MY EXPRESS WRITTEN CONSENT TO DO ANY REQUIRED CHECKS ON THE FOLLOWING TO OBTAIN INFORMATION RELATING TO THE POSITION IN WHICH I HAVE APPLIED:

1. **MY LICENSE, LICENSE STATUS, AND PENDING VIOLATIONS.**
2. **MY INSURANCE, TO VERIFY THAT I HAVE VEHICULAR INSURANCE.**
3. **TO CHECK ALL PREVIOUS EMPLOYMENT WITHIN THE FIELD.**
4. **TO DO ANY BACKGROUND CHECKS AS REQUIRED.**

SIGNATURE OF APPLICANT:

_____**DATE**_____

NORTHSHORE FIRE PROTECTION DISTRICT

MAY WE CONTACT YOUR PREVIOUS EMPLOYERS? **Y N :**

NAME AND PHONE;_____

NAME AND PHONE;_____

NAME AND PHONE;_____

PREVIOUS ORGANIZATIONS: NAMES & PHONE

_____

_____

_____

_____

_____

REFERENCES:

NAME AND PHONE:_____

NAME AND PHONE:_____

NAME AND PHONE:_____

SIGNATURE OF APPLICANT:

_____ **DATE**_____