



MOSQUITO FIRE PROTECTION DISTRICT
8801 ROCK CREEK ROAD
PLACERVILLE, CA 95667
(530) 626-9017
Fax (530) 626-3240

Please TYPE or PRINT in dark ink. An application completed in insufficient detail, without signature, or in pencil will constitute failure of the initial step of the examination process and the application will be rejected.

A copy of certificates, licenses, and/or professional registration required to meet the minimum qualifications should be included with this application, and must be received prior to certification to a hiring department

IMPORTANT: YOU WILL BE NOTIFIED OF YOUR STATUS. MOSQUITO FIRE PROTECTION DISTRICT IS AN EQUAL OPPORTUNITY EMPLOYER.

1. Position for which you are applying: _____
2. Name First: _____ Last: _____ MI: _____
3. Mailing Address: _____ City: _____
4. State: _____ Zip: _____ E-mail: _____
5. Phone: _____ Cell: _____
6. Can you after an offer of employment, submit verification of the legal right to work in the U.S.? _____
(U.S. regulations require all employees hired after 11/6/86 to provide proof of legal status to be employed in the U.S.)
7. Do you object to MFPD making inquiry of your present or last employer? _____
8. Have you ever been discharged from a position, or terminated during a probationary period for un-satisfactory service, or have you ever resigned upon request to avoid discharge? _____ If yes, give name and address of employer, date of forced resignation and the reason in line 14.
9. Have you ever been employed by MFPD? _____ If yes, when? _____
10. Driver's License #: _____ Type: _____ State: _____
11. Do you have any relations by blood or marriage employed by MFPD? _____ If yes, give details in line 13.
12. Have you ever been convicted of an offense against the law or forfeited collateral? _____ If yes, give details in line 13. (You may omit: [1] minor traffic collisions [2] any offense committed before your 18th birthday).
13. Use separate paper for explanations, if necessary for lines 8, 11, or 12 or to list any special skills.

("See attached resume" is unacceptable)
PLEASE READ THE MINIMUM QUALIFICATIONS SECTION OF THE EMPLOYMENT BULLETIN BEFORE FILLING OUT THIS SIDE

PLEASE BE SURE YOUR APPLICATION IS SIGNED



MOSQUITO FIRE PROTECTION DISTRICT
8801 ROCK CREEK ROAD
PLACERVILLE, CA 95667
(530) 626-9017
Fax (530) 626-3240

EDUCATION: Written verification may be required

A. Do you possess a High School Diploma or G.E.D.? Yes No

B. NAME AND LOCATION OF COLLEGE OR UNIVERSITY	COURSE OF STUDY	SEMESTER UNITS	QUARTER UNITS	DEGREE	DATE COMPLETE

C. BUSINESS, CORRESPONDENCE, TRADE, OR SERVICE SCHOOLS: _____ COURSE OF STUDY: _____

CERTIFICATES, LICENSES, OR PROFESSIONAL (A copy must be received prior to applicant being hired)	REGISTRATION WHICH APPLY TO THIS POSITION:
DATE ISSUED _____ TYPE OF LICENSE _____	
DATE ISSUED _____ TYPE OF LICENSE & REGISTRATION NO. _____	

EXPERIENCE:

Begin with your most recent experience. List ALL experience in the last ten years, **plus ALL experience relevant to this position**, including U.S. Military Service. Give details of the experience which you believe helps you meet the requirements of the position for which you are applying. Show actual time (number hours/days, number hours/weeks) spent in such experience. If "volunteer," state in the space following salary. **Resumes are encouraged, BUT WILL NOT BE ACCEPTED IN LIEU OF AN PORTION OF THE APPLICATION.** All materials submitted become the property of Mosquito Fire District. You may attach additional sheets if necessary.

PERIOD OF EMPLOYMENT	JOB TITLE AND MOST RELEVANT DUTIES PERFORMED	NAME AND ADDRESS OF EMPLOYER(S)
FROM: _____	TITLE: _____ NO. SUPERVISED _____	EMPLOYER: _____
TO: _____	SALARY: \$ _____	ADDRESS: _____
TOTAL: _____ YR. _____ MO. _____	DUTIES: _____	
<input type="checkbox"/> FULL TIME YR _____ MO _____		IMMEDIATE SUPERVISOR: _____
<input type="checkbox"/> PART TIME YR _____ MO _____		PHONE NO. : _____
If part time, give exact or average hours per week: _____		REASON FOR LEAVING: _____
PERIOD OF EMPLOYMENT	JOB TITLE AND MOST RELEVANT DUTIES PERFORMED	NAME AND ADDRESS OF EMPLOYER(S)
FROM: _____	TITLE: _____ NO. SUPERVISED _____	EMPLOYER: _____
TO: _____	SALARY: \$ _____	ADDRESS: _____
TOTAL: _____ YR. _____ MO. _____	DUTIES: _____	
<input type="checkbox"/> FULL TIME YR _____ MO _____		IMMEDIATE SUPERVISOR: _____
<input type="checkbox"/> PART TIME YR _____ MO _____		PHONE NO. : _____
If part time, give exact or average hours per week: _____		REASON FOR LEAVING: _____
PERIOD OF EMPLOYMENT	JOB TITLE AND MOST RELEVANT DUTIES PERFORMED	NAME AND ADDRESS OF EMPLOYER(S)
FROM: _____	TITLE: _____ NO. SUPERVISED _____	EMPLOYER: _____
TO: _____	SALARY: \$ _____	ADDRESS: _____
TOTAL: _____ YR. _____ MO. _____	DUTIES: _____	
<input type="checkbox"/> FULL TIME YR _____ MO _____		IMMEDIATE SUPERVISOR: _____
<input type="checkbox"/> PART TIME YR _____ MO _____		PHONE NO. : _____
If part time, give exact or average hours per week: _____		REASON FOR LEAVING: _____



MOSQUITO FIRE PROTECTION DISTRICT
8801 ROCK CREEK ROAD
PLACERVILLE, CA 95667
(530) 626-9017
Fax (530) 626-3240
INSUFFICIENTLY COMPLETED APPLICATIONS WILL BE REJECTED

CERTIFICATE OF APPLICANT: Recheck the Application to be sure it is complete and read the following carefully before signing. Applicant must sign personally. I hereby certify that all statements made in this application are true and I agree and understand that any misstatement or omission of material facts herein may cause forfeiture on my part to any employment or payment as an employee of the MFPD. I further agree to be fingerprinted, to submit to a medical examination, which will include drug testing, and, upon employment, to furnish such proof of age as may be required. I hereby authorize representatives of the MFPD to contact (except as noted in #7) organizations, employers, schools and individuals listed for the purpose of establishing or verifying my qualifications, work history and work habits in connection with this application for MFPD employment. I understand and acknowledge that such information will be used confidentially and for purposes of employment decisions only. I authorize the individuals or organizations contacted to release the above information to Mosquito Fire Protection District.

Signature _____ Date _____