



NORTH TAHOE FIRE PROTECTION DISTRICT

PO Box 5879 Tahoe City, CA 96145
Phone 530.583.6913 Fax 530.583.6909

www.ntfire.net



EMPLOYMENT APPLICATION

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.

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

WOMEN AND MINORITIES ARE ENCOURAGED TO APPLY.

Are you 18 years of age or older? Yes No

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 NTFPD making inquiry of your present or last employer? _____

8. Have you ever been discharged from a position, or terminated during a probationary period for unsatisfactory service, or have you ever resigned upon request to avoid discharge? _____ If yes, on line 14 below give name and address of employer, the date of resignation, and the reason.

9. Have you ever been employed by NTFPD? _____ If yes, when? _____

10. Driver's License #: _____ Type: _____ State: _____

11. Do you have any relations by blood or marriage employed by NTFPD? _____ If yes, give details in line 14.

12. In addition to English, you can speak, read, or write fluently in: _____

13. Are you now, or have you ever been, a member of CALPERS?

14. Use separate paper for explanations, if necessary for lines 8, 11 or to list any special skills.

INSUFFICIENTLY COMPLETED APPLICATIONS WILL BE REJECTED (i.e. "See attached resume" is unacceptable)
PLEASE READ THE MINIMUM QUALIFICATIONS SECTION OF THE EMPLOYMENT BULLETIN BEFORE FILLING OUT THIS SIDE

15. EDUCATION: Verification of education listed to meet minimum qualifications must be received before applicant can be considered for employment.

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

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

16. CERTIFICATES, LICENSES (Copies must be included to make sure applicant is qualified)

17. 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. If "volunteer," state so in the space following salary. **Resumes are encouraged, BUT WILL NOT BE ACCEPTED IN LIEU OF ANY PORTION OF THE APPLICATION.** All materials submitted become the property of North Tahoe Fire Protection District. You may attach additional sheets if necessary.

PERIOD OF EMPLOYMENT FROM: _____ TO: _____ TOTAL: ____ YR. ____ MO. IMMEDIATE SUPERVISOR: _____ If part time, give exact or average hours per week: _____	JOB TITLE AND MOST RELEVANT DUTIES PERFORMED TITLE: _____ NO. SUPERVISED: _____ DUTIES: _____	NAME AND ADDRESS OF EMPLOYER(S) EMPLOYER: _____ _____ ADDRESS: _____ _____ PHONE NO.: _____ REASON FOR LEAVING: _____ _____
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<p>PERIOD OF EMPLOYMENT</p> <p>FROM: _____</p> <p>TO: _____</p> <p>TOTAL: ____ YR. ____ MO.</p> <p>IMMEDIATE SUPERVISOR:</p> <p>_____</p> <p>If part time, give exact or average hours per week:</p> <p>_____</p>	<p>JOB TITLE AND MOST RELEVANT DUTIES PERFORMED</p> <p>TITLE: _____ NO. SUPERVISED: _____</p> <p>DUTIES:</p> <p>_____</p>	<p>NAME AND ADDRESS OF EMPLOYER(S)</p> <p>EMPLOYER: _____</p> <p>_____</p> <p>ADDRESS: _____</p> <p>_____</p> <p>PHONE NO.: _____</p> <p>REASON FOR LEAVING: _____</p> <p>_____</p>
<p>PERIOD OF EMPLOYMENT</p> <p>FROM: _____</p> <p>TO: _____</p> <p>TOTAL: ____ YR. ____ MO.</p> <p>IMMEDIATE SUPERVISOR:</p> <p>_____</p> <p>If part time, give exact or average hours per week:</p> <p>_____</p>	<p>JOB TITLE AND MOST RELEVANT DUTIES PERFORMED</p> <p>TITLE: _____ NO. SUPERVISED: _____</p> <p>DUTIES:</p> <p>_____</p>	<p>NAME AND ADDRESS OF EMPLOYER(S)</p> <p>EMPLOYER: _____</p> <p>_____</p> <p>ADDRESS: _____</p> <p>_____</p> <p>PHONE NO.: _____</p> <p>REASON FOR LEAVING: _____</p> <p>_____</p>
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18. 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 NTFPD. 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 NTFPD 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 NTFPD 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 North Tahoe Fire Protection District.

Signature: _____ Date _____

CONFIDENTIAL
North Tahoe Fire District Affirmative Action
Voluntary Questionnaire

The North Tahoe Fire Protection District requests all persons to complete this portion of the application under the provisions of the Government Code Section 1233. This is not a part of the application and is removed before screening; it is used for AA/EEO purposes only. No individual personnel selections are made based on the information. Please answer the following questions to the best of your ability. Your cooperation is appreciated.

ETHNIC CATEGORY (Check One)

1. WHITE - Not of Hispanic origin (All persons having origins in any of the original peoples of Europe, North Africa or the Middle East)
2. BLACK- Not of Hispanic origin (All persons having origins in any of the Black racial groups of Africa)
3. HISPANIC (All persons of Mexico, Puerto Rico, Cuba, Central or South America, or other Spanish culture or origin)
4. ASIAN or PACIFIC ISLANDER (All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa)
5. AMERICAN INDIAN or ALASKAN NATIVE (All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition)
6. OTHER
7. DECLINE TO STATE

TITLE APPLIED FOR: _____ **DATE:** _____

I learned about this job opening through:

1. A friend or relative.
2. A District employee.
3. District employment announcement.
4. District's personnel office.
5. Job fair, an organization, or group (which): _____
6. Advertisement (which paper or magazine): _____
7. Website (please specify): _____
8. Other means (please specify): _____

Veteran's Preference: You may claim a 5-point preference if you were discharged for any reason other than a dishonorable discharge: OR a 10-point preference if you are a spouse of a totally & permanently disabled vet; or surviving unmarried spouse of a vet who died on active duty or as a result of a disability incurred on active duty.

ARE YOU REQUESTING VETERAN'S PREFERENCE POINTS? Yes No IF YES, HOW MANY? 5 POINTS 10 POINTS

Are you over the age of 40? Yes No

TO RECEIVE CREDIT: Submit DD214, VA Disability Award Letter, and / or VA Dependent Indemnity Compensation (Veteran's DIC) Award letter, as applicable. Proof **NOT** accepted after initial notification of examination status. Preference granted only for open recruitments.