

Kentfield Fire Protection District

1004 Sir Francis Drake Blvd Kentfield, CA 94904 415-453-7464

www.kentfieldfire.org

KFD Use Only Date/Time Rec'd

EMPLOYMENT APPLICATION

SECTION 1: APPLICAN	NT INFORMATION				
Position(s) Applying F	or:				
Name:					
LAST		FIRST		MIDDLE	
Mailing Address:	STREET OR PO BOX		CITY	STATE	ZIP
Email Address:		Phone: Cell_		_ Home	
Are you between the	ages of 18 and 65?	res No			
Do you have a valid C	alifornia Driver's Licens	se: Yes	No License Nun	nber:	
If other than Californi	a, indicate State and Li	cense Numbe	r:		
•	ctive duty in the Unite y from: to		d Forces: Yes	No	
Are there any reasons applied: Yes N	s you may have difficul o	ty in performi	ng any of the major o	luties of the job for w	hich you have
If yes, explain:					
SECTION 2: EDUCATION	ONAL INFORMATION				
Do you have a high so	hool diploma or GED (Certificate? \	es No High	nest Grade Completed	I
Name of High School:					
Address of High School	ol:				
Have you attended a	College, University or \	ocational Sch	ool? Yes No		
College/University/Vo	ocational School	<u> </u>	# Units <u>Degree</u>	<u>Major</u>	

SECTION 3: LICENSE OR CERTIFICATE IN	FORMATION		
Please list any technical or professional I	licenses related to this position:		
Certification Title	Cert/License Number		Date Issued/Expires
	-		
List additional certificates on separate sh	neet of paper.		
Please list any additional specialized trai	ning for this position:		
SECTION 4: EMPLOYMENT INFORMATION	ON		
Start with your most recent employer, and li		vears Include on	the ich training
volunteer work and military experience. Add		-	
completed.			
4.1	Dates Employed	+-	
Job Title:	Dates Employed:	Month/Year	Month/Year
Employer:			
Address:			
Phone:			
Supervisor's Name:			
Summarize Job Duties:			
Reason for leaving:			
4.2			
Job Title:	Dates Employed:	to	
		Month/Year	Month/Year
Employer:			
Address:			
Phone:			
Supervisor's Name:			
Summarize Job Duties:			
Reason for leaving:			

SECTION 4: EMPLOYMENT INFORMATION (continued)				
4.3				
Job Title:	Dates Employed:	 Month/Year	to	 Month/Year
Employer:		Monthly Year		Monthly Year
Address:				
Phone:				
Supervisor's Name:				
Summarize Job Duties:				
Reason for leaving:				
Reason for leaving.				
4.4				
Job Title:	Dates Employed:		to	
Employer:		Month/Year		Month/Year
Address:				
Phone:				
Supervisor's Name:Summarize Job Duties:				
Reason for leaving:				
Were you ever discharged or asked to resign from any p	osition you held?	Yes No		
If yes, state the circumstances:	osition you neta.			
in yes, state the elleanistances.				
SECTION 5: ADDITIONAL INFORMATION				
Based upon your education and experience, please desc	ribe the skills, knowl	edge and abi	lities	that qualify you for
this position:				

SECTION 6: CERTIFICATION	
I hereby certify that the statements in this application are true. I understand and omission of material fact herein may cause forfeiture, on my part, of the position	•
I specifically authorize and give permission to Kentfield Fire Protection District to and/or organizations disclosed in this Employment Application for the purpose of information I have provided.	•
The Kentfield Fire Protection District is an Equal Opportunity Employer and as sucqualified applicants in hiring or employment on the basis of race, color, religious nor on the basis of physical or mental disabilities. No question on this application to be used for such discrimination.	creed, national origin, sex or age,
Signature of Applicant:	Date: