



WOODSIDE FIRE PROTECTION DISTRICT

3111 Woodside Rd
 Woodside, CA 94062
 650-851-1594

Please complete both sides using ink or typewriter.

Answer all questions completely. Omissions on your part may result in delay or disqualification.

EMPLOYMENT APPLICATION FOR: _____ CADET _____

NAME (Last, First, Middle)	DATE OF BIRTH	
ADDRESS (Number, Street and Apartment No.)	DRIVER'S LICENSE NO.	STATE
(City, State, Zip Code)	HOME TELEPHONE NUMBER:	
	ALTERNATE TELEPHONE NUMBER:	

	YES	NO
Have you successfully completed an accredited Firefighter I Academy?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a current EMT-I certification?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a current paramedic license?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been convicted of a violation of the law, excluding minor traffic violations?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please explain on a separate page. (convictions do not automatically disqualify you)		

Describe any job-related skills, knowledge, special training, and certificates or licensing, that support your application for this position.

EDUCATION AND TRAINING

HIGHEST GRADE COMPLETED			NAME AND LOCATION OF HIGH SCHOOL		DID YOU GRADUATE?				
High School	College	Graduate			YES	NO	GED		
1 2 3 4	1 2 3 4	1 2 3 4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
NAME AND LOCATION OF COLLEGE, BUSINESS OR TRADE SCHOOL			DATES		GRADUATE		DEGREE RECEIVED	UNITS SEM/QTR	MAJOR SUBJECTS
			From	To	YES	NO			
					<input type="checkbox"/>	<input type="checkbox"/>			
					<input type="checkbox"/>	<input type="checkbox"/>			
					<input type="checkbox"/>	<input type="checkbox"/>			

Begin with your present or most recent employment.

List both paid and volunteer work.

(Use additional sheets if necessary)

May we contact present and past employers?

Yes

No

EXPERIENCE

DATES EMPLOYED From: _____ To: _____		EMPLOYER	ADDRESS
HOURS WEEKLY	SALARY <input type="checkbox"/> WK <input type="checkbox"/> MO	YOUR TITLE	REASON FOR LEAVING
SUPERVISOR		DUTIES	
EMPLOYER'S PHONE NUMBER			
DATES EMPLOYED From: _____ To: _____		EMPLOYER	ADDRESS
HOURS WEEKLY	SALARY <input type="checkbox"/> WK <input type="checkbox"/> MO	YOUR TITLE	REASON FOR LEAVING
SUPERVISOR		DUTIES	
EMPLOYER'S PHONE NUMBER			
DATES EMPLOYED From: _____ To: _____		EMPLOYER	ADDRESS
HOURS WEEKLY	SALARY <input type="checkbox"/> WK <input type="checkbox"/> MO	YOUR TITLE	REASON FOR LEAVING
SUPERVISOR		DUTIES	
EMPLOYER'S PHONE NUMBER			

I certify that the information contained in this application is correct to the best of my knowledge, and understand that falsification of this application in any detail is grounds for disqualification from further consideration, demotion, or for dismissal of employment. If appointed, I agree to conform to the rules and regulations of the Woodside Fire Protection District. I consent to and authorize the Woodside Fire Protection District, or any and all of its participating agencies, to ask for information concerning me. I further understand that I may be fingerprinted, required to submit a complete medical examination and requested to furnish proof of education as may be directed or otherwise investigated prior to appointment. I release all persons connected with any requests for information from all claims, liability and damages for whatever reason arising out of this information.

DATE _____

SIGNATURE _____