



BONITA-SUNNYSIDE FIRE PROTECTION DISTRICT

4900 Bonita Road, Bonita CA 91902
 619-479-2346 (office)
 619-479-2393 (fax)
 www.bonitafd.org



APPLICATION FOR EMPLOYMENT Firefighter/Paramedic

PERSONAL INFORMATION			
Legal Full Name			Date of Application
Home Address	City	State	Zip Code
Mail Address (if different)	City	State	Zip Code
Home Phone	Cell Phone	Email Address	
Valid Driver's License Number	State	Social Security Number	

Have you ever been convicted of a felony or misdemeanor? If yes, please give details on a separate piece of paper.

YES NO

Can you, after employment, submit verification of your legal right to work in the United States?

YES NO

EDUCATION AND TRAINING			
High School Name and Address	Did you graduate from High School? YES <input type="checkbox"/> NO <input type="checkbox"/> If not, do you have a G.E.D. or Proficiency Certificate? YES <input type="checkbox"/> NO <input type="checkbox"/>		
	Units/Hours Completed	Course/Series Title or Major	Degree/Certificate Received
College/School Name			
College/School Name			
College/School Name			
College/School Name			
College/School Name			

Please list special certificates or other competencies which may assist you in the Fire Service.

Have you ever served in the United States Military? YES NO

If yes, list branch of service, rank and discharge date:

WORK EXPERIENCE

Beginning with your current or most recent position, list all positions you have held for at least the last 10 years. Account for periods of unemployment. If additional space is needed, attach additional sheets in a similar format.

From:	Employer:		
To:	Address:		
Total Yrs: Mos:	Job Title/Assignment:		
Hours/Week:	Duties:		
Supervisor:	Title:	Phone	
Reason for Leaving:			

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REFERENCES

List names of three persons, preferably not employers, who have knowledge of your character, experience and ability.

Name	Occupation	Phone Number

CERTIFICATION SIGNATURE

CERTIFICATE OF APPLICANT (Read carefully before signing): I hereby certify that all statements made in this application and on all supplemental information provided are true, and I agree and understand that any misstatement of facts may cause disqualification from or forfeiture of placement in Bonita-Sunnyside Fire Protection District’s employment process. I authorize Bonita-Sunnyside Fire Protection District personnel members to make any necessary and appropriate investigations to verify the information provided.

SIGNATURE: _____ DATE: _____
(Original in ink signature is required; pencil or photocopy not accepted)

Reminder: Attach ALL necessary documentation to verify education and certifications. You MUST include a copy of a valid California Driver’s License.