# 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	
Mailing Address (if different)		City		State	Zip Code
Home Phone	Cell Phone		Email Addı	ess	
Valid Driver's License Number		State	Social Security Number		r

Have you ever been convicted of a felony or misdemeanor? If yes, please give details on a separate piece of paper. YES  $\Box$   $$\rm NO\ \Box$$ 

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 $\Box$ NO $\Box$		
	If not, do you hav	/e a G.E.D. or Prof	iciency Certificate?
	YES NO		
	Units/Hours	Course/Series	Degree/Certificate
	Completed	Title or Major	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:		
То:	Address:		
Total Yrs: Mos:	Job Title/Assignment:		
Hours/Week:	Duties:		
Supervisor:		Title:	Phone
Reason for Leaving:			

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

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То:	Address:		
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Hours/Week:	Duties:		
Supervisor:	Title:		Phone
Reason for Leaving:			

### 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:\_\_\_\_\_

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

Completed applications can be mailed to 4900 Bonita Road, Bonita Ca 91902 or emailed to msmith@bonitafd.org