



Lakeside Fire Protection District
 12216 Lakeside Ave
 Lakeside, CA 92040
 619-390-2350
 www.Lakesidefire.org

Employment Application

INSTRUCTIONS (please read carefully): This application is an initial part of the candidate evaluation process. Please apply only if you feel reasonably certain that you meet the requirements as described in the position flyer. Completely fill out this application by typing or printing clearly. Attach additional sheets as necessary, identifying each with your name. Incomplete applications will NOT be accepted. Please notify us promptly if you have a change of address, phone or employer. Applications will be accepted: In person at Fire Administration Monday – Thursday 8 am – 4 pm or email: HumanResources@lakesidefire.org

Position(s) you are Applying for:					
Full Name (Last, First MI)				Social Security Number	
Home Address			City	State	Zip Code
Mailing Address (if different from home address)			E-mail Address		
Home Phone Number	Cell Phone Number	Driver's License Number	State	Exp. Date	

EDUCATION AND TRAINING

Name and location of High School: _____

Did you receive a high school diploma? Yes No GED

Include relevant education and training, including college, business, technical and in-service coursework. Copies of the following must be submitted with signed application: California Driver's License, and Professional Education Degree and Certificates.

School Name Location (city and state)	Dates of Attendance		Units/Hours Completed		Course/Series Title or Major Field	Degree/Certificate Received & Year
	From Mo / Yr	From Mo / Yr	Sem.	Qtr.		

Additional Professional/Technical Licenses and/or Certificates and year acquired:

EXPERIENCE

Beginning with your current or most recent position, list all positions you have held for at least the last 10 years; that are relevant to the position in which you are applying. Each title change, or promotion should be listed and detailed separately. If additional space is needed, please make copies of this page.

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

Additional pages of this application form attached?

Yes No

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 employment. I authorize the Lakeside Fire District to make any necessary and appropriate investigations to verify the information provided.

SIGNATURE: _____ **DATE:** _____