

Lakeside Fire Protection District

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

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: HR@lakesidefire.org

Position(s) you are Applying for:									
Full Name (Last, First MI)									
Home Address				City	St	ate	Zip Code		
Mailing Address (if differer	mail Address								
Home Phone Number	Cell Phone Number	Driv	ver's License	e Number Sta		Ex	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. <u>Copies of</u> <u>the following must be submitted with signed application: California Driver's License, and Professional Education</u> <u>Degree and Certificates.</u>									
School Name Location (city and state)		Units/Hours Completed		Course/Se					
		Sem.	Qtr.	or Majo	r Field	Received & Year			

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

How were you referred to our District?

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.

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