



Bolas Fire Protection District

P.O. Box 126~100 Mesa Road~Bolas, CA 94924

415-868-1566 fx 415-868-2009

www.bolasfire.org

EMPLOYMENT APPLICATION

Position you are applying for:

- ☐ Resident Firefighter
☐ Full Time Duty Officer

Social Security Number ____-____-____

Disclosure of your Social Security
Number is voluntary. It will be
for identification purposes only to ensure
proper records are maintained

Last Name _____

First Name _____ MI _____

Mailing Address _____

City _____

State _____ Zip Code _____

Home Phone ____-____-____ Mobile Phone ____-____-____

E-Mail Address _____

Emergency Contact _____ Phone Number _____

Relationship _____

Bilingual Ability

Please list languages (other than English) in which you are fluent and mark applicable skill(s).

1. _____ Speak Only ____ Speak/Read/Write ____

2. _____ Speak Only ____ Speak/Read/Write ____

Additional Personal Information

As an adult, have you ever been convicted of a felony? Yes ____ No ____

If yes, please explain charges and circumstances.

Have you ever been discharged or resigned in lieu of discharge? Yes ___ No ___

If yes, please explain and include date and company discharged from.

Education/Background

High School Graduate Yes ___ No ___ If no, passed High School Equivalency Tests? Yes ___ No ___

Highest Grade Completed 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8 ___ College 1 ___ 2 ___ 3 ___ 4 ___

Post Graduate Work 1 ___ 2 ___ 3 ___ 4 ___

Education and Experience

Name and location of College, University, Business					
Correspondence, Trade or Service Schools					
	Course of Study	Degree Awarded	Completed Sem Units	Completed Qtr Units	Did you graduate?
					Yes ___ No ___ Attending__
					Yes ___ No ___ Attending__
					Yes ___ No ___ Attending__
					Yes ___ No ___ Attending__

Are you at least 18 years of age? Yes ___ No ___

Are you a U.S. Citizen, or legally authorized to work in the United States? Yes ___ No ___

Are any relatives currently working for the Bolinas Fire Protection District? Yes ___ No ___

If yes, please list name and relationship. _____

Please provide any additional information relevant to the position.

Work Experience

List complete employment history, beginning with most recent. Include paid or unpaid experience.

Employer_____	Contact Number_____
Address_____	
Supervisor's Name_____	Supervisor's Title _____
Your Job Title_____	
Specific Duties	

May we contact this employer? Yes ___ No ___ If no, please indicate reason: _____	

Dates Employed (MO/YR) From _____ To _____ Total (Years/Months) _____	
Last Salary _____ Reason for leaving _____	

Employer_____	Contact Number_____
Address_____	
Supervisor's Name_____	Supervisor's Title _____
Your Job Title_____	
Specific Duties	

May we contact this employer? Yes ___ No ___ If no, please indicate reason: _____	

Dates Employed (MO/YR) From _____ To _____ Total (Years/Months) _____	
Last Salary _____ Reason for leaving _____	

Employer _____	Contact Number _____
Address _____	
Supervisor's Name _____	Supervisor's Title _____
Your Job Title _____	
Specific Duties _____	

May we contact this employer? Yes ___ No ___ If no, please indicate reason: _____	

Dates Employed (MO/YR) From _____ To _____ Total (Years/Months) _____	
Last Salary _____ Reason for leaving _____	

Employer _____	Contact Number _____
Address _____	
Supervisor's Name _____	Supervisor's Title _____
Your Job Title _____	
Specific Duties _____	

May we contact this employer? Yes ___ No ___ If no, please indicate reason: _____	

Dates Employed (MO/YR) From _____ To _____ Total (Years/Months) _____	
Last Salary _____ Reason for leaving _____	

Employer _____	Contact Number _____
Address _____	
Supervisor's Name _____	Supervisor's Title _____
Your Job Title _____	
Specific Duties _____	

May we contact this employer? Yes ___ No ___ If no, please indicate reason: _____	

Dates Employed (MO/YR) From _____ To _____ Total (Years/Months) _____	
Last Salary _____ Reason for leaving _____	

Please list three references (not relatives) that you have worked for or who can attest to your work qualities.

Name	Relationship	Contact Number

I hereby certify that the statements in this application are true. I request, authorize and consent to investigation by the Bolinas Fire Protection District of all statements contained in this application. I understand that falsification, misrepresentation or omission of facts called for may result in immediate removal of my application for consideration or immediate discharge from employment arising from this application. I request and authorize the Bolinas Fire Protection District to secure information related to this application and my experience, certification and/or licensure from former employers, personal and professional references, educational institutions, sources of certification or licensing, and governmental/judicial agencies. I specifically request, authorize and consent to the Bolinas Fire Protection District's thorough investigation of whether I have a record of criminal conviction, and if so, the nature of such criminal conviction and all surrounding circumstances available through lawful means, including providing my fingerprints to the District to facilitate this investigation. The Bolinas

Fire Protection District has advised me that its criminal background check will focus on convictions and that a criminal record will not necessarily disqualify me from employment. I request, authorize and consent to the foregoing parties to provide the requested information to the Bolinas Fire Protection District and release them and the Bolinas Fire Protection District from any liability arising there from.

I am aware that the Bolinas Fire Protection District may obtain public records regarding me for employment purposes, including but not limited to evaluation for employment, assignment, and/or promotion.

I acknowledge that the term public records as used herein are limited to records of arrest, indictment, conviction, civil judicial action, tax lien, or outstanding judgment.

Check one line only:

☐ I hereby elect to receive any public records, which may be obtained by the Bolinas Fire Protection District for employment purposes under Civil Code 1786.53.

☐ I hereby elect not to receive any public records, which may be obtained by the Bolinas Fire Protection District for employment purposes under Civil Code 1786.53.

Date _____ Applicant's Signature _____

Print Name _____

Equal Employment Opportunity Employer: The Bolinas Fire Protection District is committed to diversity and invites all qualified people to apply, including persons of color, women, and individuals with disabilities. Upon request, reasonable accommodations may be made for persons with disabilities and for religious reasons, where necessary. If you have questions regarding equal employment opportunities or the position announcement, please contact the District Administrative Office at (415) 868-1566.