



**HIGGINS FIRE DISTRICT**  
 of Nevada County  
**10106 Combie Road Auburn, CA. 95602**  
**530-269-2488 – 268-0844 - Fax: 530-268-7737**

Received on date:

Time:

*OFFICIAL USE ONLY  
BM2019*

**EMPLOYMENT APPLICATION**  
 Please fill out completely. You should attach a resume.

*Higgins Fire District considers applicants for all positions without regard to race, color, religion, creed, sex, national origin, ancestry, age, marital status, sexual orientation, veteran status, physical or mental disability, medical condition, or any other legally protected status.*

<b>PERSONAL</b>		<b>POSITION APPLIED FOR: Business Manager</b>		
Last Name	First	Middle	Date of Application	
Mailing Address		City	State	Zip Code
Home Phone	Business Phone	Cell Phone	E-mail address	
Current CA. Drivers License #			Social Security #:	

Are you under 18 years of age?  If yes, parent or guardian must sign application

<b>EDUCATION:</b> Are you a high school graduate?		GED or equivalent?		
Name Schools Attended	Location (Street Address, City & State)	Major	Did you Graduate?	Certificate/ Diploma/Degree
High School				
College/University				
Trade, Technical, Business School				

**SPECIAL TRAINING, SKILLS AND QUALIFICATIONS**

Special License(s) and/or Certification(s):

Special Training and Qualifications:

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**EMPLOYMENT HISTORY AND/OR EXPERIENCE**

Last Name: \_\_\_\_\_

Start with your present or last job and account for time for at least the last ten years. Include any job-related military service assignment and volunteer activities.

1. Employer	Job Title	Dates Employed	
		From (mo/yr)	To (mo/yr)
Address			
Supervisor/Title	Telephone Number(s)	Salary	
		Starting	Current/Final
Reason(s) you left or your desire to leave this job			
Work Performed			

2. Employer	Job Title	Dates Employed	
		From (mo/yr)	To (mo/yr)
Address			
Supervisor/Title	Telephone Number(s)	Salary	
		Starting	Final
Reason(s) you left this job			
Work Performed			

3. Employer	Job Title	Dates Employed	
		From (mo/yr)	To (mo/yr)
Address			
		Salary	

Supervisor/Title	Telephone Number(s)	Starting	Final
Reason(s) you left this job			
Work Performed			

4. Employer	Job Title	Dates Employed	
		From (mo/yr)	To (mo/yr)
Address			
Supervisor/Title	Telephone Number(s)	Salary	
		Starting	Final
Reason(s) you left this job			
Work Performed			

If you need additional space, please continue on the next page. Include a resume.

Higgins Area Fire Protection District may contact employers listed above unless you indicate those you do not want contacted.

DO NOT CONTACT	
Employer # (s)	Reason

Last Name:
ADDITIONAL INFORMATION

How did you learn about Higgins Area Fire Protection District?	
Advertisement	Name of Publication
Internet	Name of Website
Friend	Name of Friend
Relative	Name of Relative
Walk-In	
Other	

Are you willing to work rotating shifts, weekends and/or holidays?	Yes	No			
Do you have a valid California driver's license?	Yes	No	California Commercial Driver's License?	Yes	No
Driver's License # _____	Class A	Class B	Class C	Endorsements:	
Has your license been revoked or suspended in the past five years?	Yes	No	If yes, please explain		
Have you ever been discharged or asked to resign from any position?	Yes	No	If yes, please explain		
If you have a relative(s) or friend(s) working at Higgins Fire District, please list their name(s):					

**CERTIFICATION (Please read and complete)**

**The information provided in this application is true, correct, and complete. If employed, any willful misstatement or omission of fact on this application may result in my dismissal. Some positions may be "At-Will employees". My name/signature below certifies that I have read and understand these statements.**

APPLICANT'S SIGNATURE

DATE

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Rev: 5-13-15