



**HIGGINS FIRE DISTRICT**  
of Nevada County  
**10106 Combie Road Auburn, CA. 95602**

**EMPLOYMENT APPLICATION**  
Please fill out completely.

Received on date: \_\_\_\_\_  
  
Time: \_\_\_\_\_  
OFFICIAL USE ONLY

**RESUME REQUIRED**

*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.*

Position applied for: **FIREFIGHTER I FULL-TIME**

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 the age of 18?		Yes	No	(If yes, a 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/OR QUALIFICATIONS**

Special License(s) and/or Certification(s) \_\_\_\_\_

Special Training and Qualifications \_\_\_\_\_

# 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			
Salary	Starting	Final	
Supervisor/Title	Telephone Number(s)		
Work Performed			

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

3. Employer	Job Title	Dates Employed	
		From (mo/yr)	To (mo/yr)
Address			
Salary	Starting	Final	
Supervisor/Title	Telephone Number(s)		
Work			

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

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

DO NOT CONTACT

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

Employer # \_\_\_\_\_

Reason \_\_\_\_\_

ADDITIONAL INFORMATION	Last Name:
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How did you learn about Higgins Area Fire Protection District?	
<input type="checkbox"/> Advertisement	Name of Publication:
<input type="checkbox"/> Internet	Name of Website:
<input type="checkbox"/> Friend	Name of Friend:
<input type="checkbox"/> Relative	Name of Relative:
<input type="checkbox"/> Walk-In	
<input type="checkbox"/> 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		
Have you been convicted of a crime (other than a misdemeanor traffic violation) within the last 7 years? <i>Note: A conviction will <u>not</u> necessarily disqualify applicant from the desired position.</i>	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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