



13. Please give us enough information to allow for review and evaluation of your work experience and abilities. List the positions you have held, starting with your most recent job. Include relevant volunteer experience. If you were employed under another name, provide the name by which you were known to your employer. If additional space is needed, attach additional pages (include your full name and position for which you are applying on each page). This section must be fully completed.

**A resume may be attached, but will not be accepted in lieu of this section.**

From (Mo. & Yr.)		Employer	
To (Mo. & Yr.)		Address	
Salary per Mo/Hr	\$	Title of Your Position	
Hours per Week		Reason for Leaving	
No. Supervised		Supervisor's Name and Phone No.	
Type of Work Performed			
(Be Specific)			
From (Mo. & Yr.)		Employer	
To (Mo. & Yr.)		Address	
Salary per Mo/Hr	\$	Title of Your Position	
Hours per Week		Reason for Leaving	
No. Supervised		Supervisor's Name and Phone No.	
Type of Work Performed			
(Be Specific)			
From (Mo. & Yr.)		Employer	
To (Mo. & Yr.)		Address	
Salary per Mo/Hr	\$	Title of Your Position	
Hours per Week		Reason for Leaving	
No. Supervised		Supervisors Name and Phone No.	
Type of Work Performed			
(Be Specific)			
From (Mo. & Yr.)		Employer	
To (Mo. & Yr.)		Address	
Salary per Mo/Hr	\$	Title of Your Position	
Hours per Week		Reason for Leaving	
No. Supervised		Supervisors Name and Phone No.	
Type of Work Performed			
(Be Specific)			
From (Mo. & Yr.)		Employer	
To (Mo. & Yr.)		Address	
Salary per Mo/Hr	\$	Title of Your Position	
Hours per Week		Reason for Leaving	
No. Supervised		Supervisor's Name and Phone No.	
Type of Work Performed			
(Be Specific)			

14. May we contact all employers listed in Section 13?      Yes      No

If no, indicate exceptions: \_\_\_\_\_

15. How did you learn of this position?

IFPD Employee      Personnel Office      Newspaper Name \_\_\_\_\_  
 Jobs Available      Web-site (specific name) \_\_\_\_\_      Other (specify name) \_\_\_\_\_

**APPLICANT CERTIFICATION: PLEASE READ BEFORE SIGNING.** I declare under penalty of perjury that the statements made by me in **this** application are true, complete and **correct** to the best of my knowledge and belief. I understand statements made are subject to verification and that any misrepresentation, fraud or omission of material facts may be grounds to deny City employment or for disciplinary action, including dismissal, after employment

**Signature X**

**Date**

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IDYLLWILD FIRE PROTECTION DISTRICT  
EQUAL EMPLOYMENT OPPORTUNITY QUESTIONNAIRE

Completion of this form is voluntary. The data will be used solely for research and statistical purposes and in no way affects any employment decision. In accordance with state law, this form will be separated from your employment application immediately upon receipt, and the information contained will not be made available to any personnel involved in the hiring process. Your cooperation in answering all the questions completely and accurately is appreciated

1. Please check one box indicating your ethnic identification from the list below. Please select only one in this section.

WHITE: origins in any of the original peoples of Europe, North Africa or the Middle East.

BLACK: Predominant origins in any of the Black racial groups.

HISPANIC: Persons having predominant origins in Mexico, Puerto Rico, Cuba, Central or South America or other Spanish culture, regardless of race.

ASIAN OR PACIFIC ISLANDER: Predominant origins in any of the original peoples of the Far East, the Pacific Islands, the Indian Subcontinent or Southeast Asia.

AMERICAN INDIAN OR ALASKAN NATIVE: Origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation of community recognition.

2. Gender:                      Male                      Female

3. Your age group:                      Under 21                      21 - 39                      40 or Over

**You must include for the purpose of a "Department of Justice" "Live Scan":**

**1) a copy of your California Drivers License**

**2) your place of birth**