



IDYLLWILD FIRE PROTECTION DISTRICT PERSONNEL DEPARTMENT
PO Box 656, 54160 Maranatha Dr
IDYLLWILD, CA 92054
(909) 659-2153 Fax (909) 659-5571

IDYLLWILD FIRE PROTECTION DISTRICT EMPLOYMENT APPLICATION

An Equal Opportunity Employer

Applications must be typed or printed in black ink. Complete all sections.
Please provide enough information to allow for comprehensive review and evaluation.

1. Job Title: _____
2. Your Name: _____
Last First Middle
3. Address: _____
Number and Street Apt. # City State Zip
4. Telephone Number: Home _____ Busines _____ Ext. _____
5. Social Security Number: _____
(In accordance with the Federal Privacy Act of 1974, disclosure of your Social Security Number is voluntary.
Number will be used for identification purposes to ensure that proper records are Maintained.)
6. Are you eligible to be lawfully employed in the United States? Yes No
(Proof of identity and eligibility to work in the United States will be required upon employment.)
7. Are you applying for Veteran's Preference Points? Yes No
If yes, Form DD214 must be attached. A statute of limitations exists for eligibility - eight
years prior to application and must have served during time of war.
8. Have you ever worked for the IDYLLWILD FIRE PROTECTION DISTRICT? Yes No
If yes, prior employment dates _____
9. Are you related to anyone who works for the IDYLLWILD FIRE PROTECTION DISTRICT? Yes No
If yes, Name _____
Department _____ Relationship _____
10. Do you have a valid California driver's license? Yes No
Class _____ Number: _____ Exp. Date _____
11. Are you proficient in a language other than English? Yes No
If yes, please specify the languages you read, write and speak fluently:
Read: _____ Write: _____ Speak: _____

12. EDUCATION: Circle highest grade or year completed: 6 7 8 9 10 11 12 13 14 15 16 17 18 18+

Name/address of colleges, trade or technical schools attended	Major	Semester Units Completed	Degree or Certificate

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

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 or community recognition.

2. Gender: Male Female

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