



Novato Fire Protection District
95 Rowland Way, Novato, CA 94945
415-878-2690
www.novatofire.org

NFD Use Only
Date/Time Rec'd:

EMPLOYMENT APPLICATION

Please type or print in ink, and ensure you are submitting a completed application. Incomplete or illegible applications will not be considered.

Position Desired: _____ Email Address: _____

Name: _____
LAST FIRST MIDDLE

Mailing Address: _____
STREET OR PO BOX CITY STATE ZIP

Phone: Home (____) _____ Work: (____) _____ Cell: (____) _____

EDUCATIONAL INFORMATION

Do you have a high school diploma or GED Certificate? Yes____ No____ Highest Grade Completed: _____

Name High School: _____

Address of High School: _____

Have you attended a college, university, or vocational school? Yes____ No____

Name of College/University/Vocational School: _____

Address of College/University/Vocational School: _____

Did you obtain a degree or certificate? Yes____ No____ If no, number of units completed: _____

If yes, please list degree or certificate and major/area of study: _____

Do you have any other college, university, or vocational school credits/units? Yes____ No____

If yes, name of college/university/vocational school: _____

Units Completed: _____

EDUCATIONAL INFORMATION (Continued)

Please list any technical or professional licenses related to this position:

Please list any additional specialized training for this position:

EMPLOYMENT HISTORY (BEGINNING WITH MOST RECENT)

1. From: _____ Job Title: _____

To: _____ Supervisor's Name*: _____

Phone: (____) _____ Employer: _____

Address: _____

Describe Job Duties:

Reason for Leaving: _____

**Your current supervisor will not be contacted until a background investigation is initiated*

2. From: _____ Job Title: _____

To: _____ Supervisor's Name: _____

Phone: (____) _____ Employer: _____

Address: _____

Describe Job Duties:

Reason for Leaving: _____

3. From: _____ Job Title: _____

To: _____ Supervisor's Name: _____

Phone: (____) _____ Employer: _____

Address: _____

Describe Job Duties:

Reason for Leaving: _____

Were you every discharged or asked to resign from any position you held? Yes____ No____

If yes, state circumstances: _____

Do you have any relatives employed by the Novato Fire Protection District? Yes____ No____

If yes, please state their name, relationship to you, and position in which they are currently employed:

ADDITIONAL INFORMATION

Based upon your education and experience, please describe the skills, knowledge and abilities which qualify you for this position:

EQUAL OPPORTUNITY EMPLOYER

The Novato Fire Protection District accepts for employment and promotes its employees without regard to race, color, religion, sex (including pregnancy, gender identity, and sexual orientation), age, marital status, national origin, ancestry, genetic information, disability, veteran status, or an unfavorable discharge from military service, and bases appointments and promotions on merit, experience, and other qualifications applied fairly to all applicants and in accordance with State and Federal law.

I certify that the information contained in this application is true to the best of my knowledge and belief. I understand that any misrepresentation of fact, as stated or implied, on this or any other employment form will be sufficient reason not to hire me and will be cause for my dismissal.

I understand the Novato Fire Protection District is in no way obligated to provide employment and that I am in no way obligated to accept employment. This application does not bind either party for a specific period of time regarding employment and the statements herein do not constitute any sort of contract of employment.

Signature of Applicant: _____ Date: _____

SUPPLEMENTAL QUESTIONNAIRE

Position Applied For:	Date:
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In accordance with Section 1233 of the State Government Code and Section 1420 of the State Labor Code, the information requested below will be used for statistical purposes only. It will enable the Human Resources Division to more effectively evaluate the recruitment process in meeting affirmative action goals, and to determine if there is any adverse impact in the selection process on groups protected under federal and state equal opportunity laws. This information is requested on a voluntary basis and will not be retained as part of your application. If you have any questions regarding this request, please contact the Human Resources Division. Your application will be processed whether or not you complete these questions.

PLEASE DO NOT PLACE NAME ON THIS FORM

Male ____

Female ____

Ethnic Category

____ African American

____ Asian

____ Caucasian

____ Hispanic or Latino

____ Native American or Alaska Native

____ Native Hawaiian or other Pacific Islander

Referral Source

Posted Job Announcement (list where posted): _____

Professional Journal (name): _____

Website (name): _____

Friend or Relative: _____

Other: _____



Novato Fire Protection District
95 Rowland Way
Novato, California 94945-5054

Name: _____

Please complete the NFD application and attach copies of the documents listed below.

Position Applied For: Fire Inspector

Required Documents:

___ Original, signed copy of the Novato Fire District Employment Application

___ Detailed Résumé

___ Copy of high school diploma, GED certificate, or transcripts

___ Copy of current CPR card

___ Copy of the following certificates (please include all that apply and any additional certifications relevant to the position of Fire Inspector):

- CFSTES Fire Prevention 1A and 1B, or Fire Inspector 1A, 1B, 1C, 1D
- CFSTES Fire Investigation 1A, or Fire Investigator (Fire Investigation 1A, 1B, 1C)
- CFSTES Plans Examiner

___ Copy of current EMT-P License from the State of California

___ DD 214 Long Form (**Required for all former military personnel**)