



HIGGINS FIRE DISTRICT

of Nevada County
10106 Combie Road Auburn, CA. 95602

EMPLOYMENT APPLICATION
Please fill out completely.

Received on date: _____

Time: _____

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: FIRE APPARATUS ENGINEER 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)	

EDUCATION: 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) _____
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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			
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)		

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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: _____

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 _____

Have you been convicted of a crime (other than a misdemeanor traffic violation) within the last 7 years? *Note: A conviction will not necessarily disqualify applicant from the desired 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