

**LAKESIDE FIRE PROTECTION DISTRICT  
FIREFIGHTER PARAMEDIC  
OPEN RECRUITMENT APPLICATION**

**INSTRUCTIONS (please read carefully):** This application is an initial part of the candidate evaluation process. Please apply only if you feel reasonably certain that you meet the requirements as described in the position flyer. Print clearly in ink or use typewriter and fill this application out completely; reference to information contained in your resume or in your responses to the supplemental questionnaire will not be acceptable in lieu of complete answers. Attach additional sheets as necessary, identifying each with your name. Incomplete applications will not be accepted. Please notify us promptly if you have a change of address, phone or employer.

Full Name (Last, First MI)			Social Security Number	
Home Address		City	State	Zip Code
Mailing Address (if different from home address)			E-mail address	
Home Phone Number (    )	Work Phone Number* (    )	Driver's License Number	State	Exp. Date

\*May we contact you at work?                       Yes  No                      May we contact your current employer?     Yes  No  
 If no, please explain under remarks.

**EDUCATION AND TRAINING**

Name and location of High School: \_\_\_\_\_

Circle highest grade completed: 9 10 11 12                      Did you receive a high school diploma?     Yes  No  GED

Include relevant education and training, including college, business, technical and in-service coursework. **Copies of the following must be submitted with signed application: High School Diploma/GED, EMT License, CPR/Healthcare Provider card, and California Driver's License.**

School Name Location (city and state)	Dates of Attendance		Units/Hours Completed		Course/Series Title or Major Field	Degree/Certificate Received & Year
	From Mo / Yr	From Mo / Yr	Sem.	Qtr.		

Additional Professional/Technical Licenses and/or Certificates and year acquired:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Remarks:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## EXPERIENCE

Beginning with your current or most recent position, list all positions you have held for at least the last 10 years; account for periods of unemployment. **Each title change or promotion should be listed and detailed separately.** If additional space is needed, please make copies of this page or attach additional sheets in a similar format.

From: / /	Employer:
To: / /	Address:
Total Yrs:      Mos:	Job Title/Assignment:
Hours/Week:	Duties
Number Supervised:	
Last Salary:\$ /mo	
Supervisor:	Title: <span style="float: right;">Phone: (    )</span>
Reason for leaving:	
From: / /	Employer:
To: / /	Address:
Total Yrs:      Mos:	Job Title/Assignment:
Hours/Week:	Duties
Number Supervised:	
Last Salary:\$ /mo	
Supervisor:	Title: <span style="float: right;">Phone: (    )</span>
Reason for leaving:	
From: / /	Employer:
To: / /	Address:
Total Yrs:      Mos:	Job Title/Assignment:
Hours/Week:	Duties
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Last Salary:\$ /mo	
Supervisor:	Title: <span style="float: right;">Phone: (    )</span>
Reason for leaving:	
From: / /	Employer:
To: / /	Address:
Total Yrs:      Mos:	Job Title/Assignment:
Hours/Week:	Duties
Number Supervised:	
Last Salary:\$ /mo	
Supervisor:	Title: <span style="float: right;">Phone: (    )</span>
Reason for leaving:	

Additional pages of this application form attached?     Yes     No

**CERTIFICATE OF APPLICANT (Read carefully before signing):** I hereby certify that all statements made in this application and on all supplemental information provided are true, and I agree and understand that any misstatement of facts may cause disqualification from or forfeiture of employment. I authorize the Lakeside Fire District to make any necessary and appropriate investigations to verify the information provided.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_