

## LAKESIDE FIRE PROTECTION DISTRICT RESERVE FIREFIGHTER 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:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Are you a licensed Paramedic? \_\_\_\_\_ State? \_\_\_\_\_ County? \_\_\_\_\_  
 Are you currently attending a Paramedic Training Program? \_\_\_\_\_ If so, what program? \_\_\_\_\_  
 If so, what phase of the program are you currently in? (didactic,clinical,field) \_\_\_\_\_ Expected Completion? \_\_\_\_\_  
 Have you attended a State Fire Marshal Firefighter 1 Academy? \_\_\_\_\_ If so, what program? \_\_\_\_\_

