

# Cottonwood Fire Protection District

P.O. Box 618  
20875 Fourth Street, Cottonwood,  
California 96022  
Business (530) 347-4737 Fax (530)347-4771

## Employment Application

**Applying For:** Fire Captain \_\_\_\_\_ Supplemental Lieutenant \_\_\_\_\_

Seasonal Firefighter \_\_\_\_\_

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Personal Information;

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone H: \_\_\_\_\_ Cell: \_\_\_\_\_

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Email: \_\_\_\_\_

Drivers Lic. Class A /B /C with Firefighter endorsement :

Employment History:

1. Employers Name: \_\_\_\_\_

Employers Address: \_\_\_\_\_

How long employed? \_\_\_\_\_

What were your job duties:

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2. Employers Name: \_\_\_\_\_

Employers Address: \_\_\_\_\_

How long employed? \_\_\_\_\_

What were your job duties:

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3. Employers Name: \_\_\_\_\_

Employers Address: \_\_\_\_\_

How long employed? \_\_\_\_\_

What were your job duties:

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Education:

High School: Name: \_\_\_\_\_ Year Graduated or GED \_\_\_\_\_

College: Name: \_\_\_\_\_ Subject Studied \_\_\_\_\_

Employment Experience: Fire Positions:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_

Employment Experience: Other

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

References

1. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship \_\_\_\_\_
2. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship \_\_\_\_\_
3. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship \_\_\_\_\_
4. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship \_\_\_\_\_

Any Office Skills; Typing \_\_\_\_\_ Computers \_\_\_\_\_

If you have a resume, send that in with your application.

Print \_\_\_\_\_ Sign \_\_\_\_\_ Date \_\_\_\_\_

The Cottonwood Fire Protection District is an equal employment opportunity employer and does not discriminate with regard to race, age, color, sex, religion, national origin or disability. The Cottonwood fire Protection District will make reasonable accommodations upon request to applicants with disabilities.

Revised: 10-1-2017

*The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.*

**Ethnicity**

Hispanic or Latino                       Not Hispanic or Latino

**Race/National Origin of Applicant (Check One):**

American Indian/Alaskan Native     Asian         Black or African American

White                       Some other                       Two or more races

Native Hawaiian or Other Pacific Islander

**Gender**

Male                       Female

**“THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER AND EMPLOYER”**

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