



# APPLICATION FOR NEW HIRE



COTTONWOOD FIRE PROTECTION DISTRICT  
20875 FOURTH STREET.  
COTTONWOOD CA 96022  
530-347-4737

Cottonwood Fire Protection District is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all sections below:

## Applicant Information

<i>Applicant Name:</i>
<i>Address:</i>
<i>City, State, Zip Code:</i>
<i>Telephone:</i>
<i>Email Address:</i>
<i>Date of Application:</i>

## Employment Position

Position(s) applying for: Full-time  Part-Time  Reserve

## Minimum Requirements

**Reserve Minimum Requirements:** FEMA IS-100, IS-200, IS-700, IS-800, NWCG S130, S190, L180 all available online. Valid BLS CPR card, EMS Certification - Public Safety-First Aid or Higher, and must obtain SSV EMR EMS License within 12 months.

**Part-time and Full-time Minimum Requirements:** FEMA IS-100, IS-200, IS-700, IS-800, NWCG S130, S190, L180 all available online. Valid BLS CPR card, Valid California EMS Certification - EMT or Higher, completion of Firefighter I Academy or CALFIRE Basic Academy w/Fire Control 3B Certification, or Volunteer Academy w/Fire Control 3B Certification

***\*Proof of minimum requirements documentation must be attached with this application. Incomplete applications will not be accepted.***

Applicant Name: \_\_\_\_\_

**Personal Information**

**Have you ever applied to or worked for the Cottonwood Fire Protection District?** Yes No  
If yes, when?

\_\_\_\_\_

**Are you 18 years of age or older?** Yes No

**Do you possess a Valid California Driver's License** Yes No

**Has your Driver's License ever been Suspended and/or Revoked?** Yes No  
If yes, please explain

\_\_\_\_\_

**Have you ever been or currently are a Member of the Armed Forces?** Yes No

**Are you a U.S. Citizen, or approved to work within the United States?** Yes No

**What documentation can you provide as proof of Citizenship or Legal Status?**

\_\_\_\_\_

**Do you have any condition in which you would require Job accommodations?** Yes No  
If yes, what accommodations are required.

\_\_\_\_\_

**Have you ever been convicted of a Criminal Offense (Felony and/or Misdemeanor?)** Yes No  
If yes, please state the Nature of the Crime(s), and Date of Conviction.

\_\_\_\_\_

**Have you ever had a Restraining Order placed against you?** Yes No  
If yes, please explain

\_\_\_\_\_

**Have you ever been Terminated/Suspended from a(n) Fire, Law Enforcement or EMS Agency?** Yes No  
If yes, please state Cause, Agency Name, and Date.

\_\_\_\_\_

**Have you ever had a Medical License Suspended and/or Revoked?** Yes No  
If yes, please state Cause, Agency Name, and Date.

\_\_\_\_\_

Applicant Name: \_\_\_\_\_

**Education and Training**

**High School**

Name	Location (City, State)	Year Graduated	Degree Earned

**College/University**

Name	Location (City, State)	Year Graduated	Degree Earned

**Vocational School/Specialized Training/ Fire Academy/ EMS Training**

Name	Location (City, State)	Year Graduated	Degree Earned

**Previous Employment**

Employer Name:
Job Title:
Supervisor Name:
Employer Address:
Employer Telephone:
Dates of Employment:
Reason for leaving:
Employer Name:
Job Title:
Supervisor Name:
Employer Address:
Employer Telephone:
Dates of Employment:
Reason for leaving:

**Reference**

Name	Contact Information	Relationship

Applicant Name: \_\_\_\_\_

*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**

*(Check One)*

American Indian/Alaskan Native

Asian

Black/African American

Native Hawaiian/Other Pacific Islander

White/Caucasian

Some Other

Two or More Races

**Gender**

Male

Female

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_