



SCOTTS VALLEY FIRE PROTECTION DISTRICT APPLICATION AND PERSONNEL FORM

P E R S O N A L I N F O R M A T I O N	NAME: _____ Last First Middle
	PRESENT ADDRESS: _____ Street City Zip
	MAILING ADDRESS: _____ Street City Zip
	HOME PHONE: _____
	ARE YOU OVER 18: YES NO PLACE OF BIRTH: _____
	U.S. CITIZEN: YES NO DRIVERS LICENSE NO.: _____
	IN CASE OF EMERGENCY NOTIFY: _____ PHONE NUMBER: _____
	ADDRESS: _____ Street City Zip
	RELATIONSHIP: _____
	EMPLOYER: _____
E M P L O Y M E N T H I S T O R Y	ADDRESS: _____ Street City Zip
	SUPERVISOR: _____ PHONE NUMBER: _____
	JOB TITLE: _____ BASIC DUTIES: _____
	CURRENT EMPLOYER: YES NO MAY WE CONTACT YOUR SUPERVISOR: YES NO
	EMPLOYER: _____
	ADDRESS: _____ Street City Zip
	SUPERVISOR: _____ PHONE NUMBER: _____
	JOB TITLE: _____ BASIC DUTIES: _____
	MAY WE CONTACT YOUR SUPERVISOR: YES NO



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R E F E R E N C E S	1. _____ Name Address Phone
	2. _____ Name Address Phone
	3. _____ Name Address Phone
E D U C A T I O N	HIGH SCHOOL: _____ DATE GRADUATED: _____ LOCATION: _____
	COLLEGE: _____ DATE GRADUATED: _____ LOCATION: _____
	SUBJECTS STUDIED: _____ DEGREE: _____
	SPECIAL SKILLS OR TRAINING: _____

M I L I T A R Y	SERVICE RECORD: _____
	BRANCH OF SERVICE: _____ RANK: _____
	DATE AND TYPE OF DISCHARGE: _____

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for disqualification.

SIGNATURE: _____ DATE: _____