



TIBURON FIRE PROTECTION DISTRICT

1679 TIBURON BLVD, TIBURON, CA 94920

TELEPHONE: (415) 435-7200

www.tiburonfire.org

FIRE INSPECTOR APPLICATION

INSTRUCTIONS: Type or print clearly and fill out the application completely. Return this application along with a letter of intent and a resume of not more than two pages to the address listed above.

DO NOT WRITE IN THIS SPACE

NAME:

LAST

FIRST

MIDDLE

MAILING ADDRESS:

NUMBER & STREET

CITY

STATE

ZIP

STREET ADDRESS: SAME AS MAILING ADDRESS

NUMBER & STREET

CITY

STATE

ZIP

CONTACT INFORMATION:

HOME PHONE

CELL PHONE

EMAIL

WHAT IS THE BEST METHOD TO CONTACT YOU? _____

FIRE INSPECTORS ARE ASSIGNED TO WORK AN AVERAGE OF 40 HOURS PER WEEK. CAN YOU COMMIT TO THIS WORK SCHEDULE? YES NO

IF HIRED, CAN YOU PRESENT EVIDENCE OF YOUR U.S. CITIZENSHIP, OR PROOF OF YOUR LEGAL RIGHT TO WORK AND LIVE IN THE UNITED STATES? YES NO

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING, EITHER WITH OR WITHOUT REASONABLE ACCOMODATION? YES NO
IF NO, PLEASE DESCRIBE:

NOTE: The Tiburon Fire Protection District complies with the ADA and will consider reasonable accommodation measures that may be necessary for eligible applicants / employees to perform essential functions.

HAVE YOU EVER APPLIED TO OR WORKED FOR THE TIBURON FIRE PROTECTION DISTRICT?
 YES NO IF YES, WHEN?

DO YOU HAVE ANY FRIENDS OR RELATIVES CURRENTLY WORKING FOR THE TIBURON FIRE PROTECTION DISTRICT?
 YES NO

IF YES, WHO? _____

REFERENCES: LIST THREE PERSONS NOT RELATED TO YOU WHO HAVE KNOWLEDGE OF YOUR WORK PERFORMANCE DURING THE LAST FOUR YEARS:

FIRST NAME LAST NAME PHONE NUMBER

OCCUPATION / TITLE # YEARS ACQUAINTED

FIRST NAME LAST NAME PHONE NUMBER

OCCUPATION / TITLE # YEARS ACQUAINTED

FIRST NAME LAST NAME PHONE NUMBER

OCCUPATION / TITLE # YEARS ACQUAINTED

EDUCATION: LIST ALL OF YOUR EDUCATIONAL EXPERIENCE. USE AN ADDITIONAL SHEET IF NECESSARY.

HIGH SCHOOL YEAR GRADUATED

NUMBER & STREET CITY STATE ZIP

IF YOU DID NOT GRADUATE FROM HIGH SCHOOL, DID YOU EARN A GED? YES NO

COLLEGE / UNIVERSITY YEAR GRADUATED

MAJOR / FOCUS OF STUDIES DEGREE EARNED

NUMBER & STREET CITY STATE ZIP

VOCATIONAL SCHOOL YEAR GRADUATED

MAJOR / FOCUS OF STUDIES CERTIFICATE EARNED

NUMBER & STREET CITY STATE ZIP

EMPLOYMENT: LIST YOUR CURRENT OR MOST RECENT EMPLOYER.

CURRENT EMPLOYER PHONE NUMBER

NUMBER & STREET CITY STATE ZIP

SUPERVISOR TYPE OF BUSINESS

START DATE END DATE REASON FOR LEAVING

MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE? YES NO

LANGUAGE: ARE YOU FLUENT IN ANY LANGUAGE(S) OTHER THAN ENGLISH?

YES

NO

IF YES, SPECIFY:

TRAINING: PLEASE LIST ANY CERTIFICATE, TRAINING OR EXPERIENCE YOU MAY HAVE THAT YOU FEEL IS RELEVANT TO THIS POSITION. ATTACH COPIES OF RELEVANT CERTIFICATES, LICENSES OR CREDENTIALS.

RELEASE

PLEASE READ CAREFULLY. SIGN AND DATE WHERE INDICATED.

I hereby certify that I have not knowingly withheld information that might adversely affect my chances for employment and that the answers given by me are true and correct. I further certify that I, the undersigned applicant, have personally completed this document. I understand that any omission or misstatement of material fact on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed since discovery.

Print Name

Signature

Date