

Application for Employment
North Lake Tahoe Fire Protection District
 866 Oriole Way • Incline Village • NV • 89451
 - An Equal Opportunity Employer -

Instructions

Please read before signing. Answer all questions. Print in ink or type. Incomplete or illegible applications may be disqualified. Answers such as “see resume” or “see attached” are not acceptable. However, if more room is needed to answer any questions, you may attach additional sheets. Resumes shall be attached, but will not be accepted in lieu of the official application form. An application must be submitted for each job. Documents submitted will not be returned.

Position you are applying for: _____

Personal Information

Last Name: _____ First: _____ Middle: _____
 Home Address _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Work Phone: _____
 Social Security Number: _____
 Driver’s License #: _____ State: _____ Class: _____

Can you after employment, submit verification of you legal right to work in the USA? _____
 Have you ever been convicted of charges other than minor traffic violations? _____
 If yes, provide court, date and circumstances below. Conviction is not an automatic bar to employment. Each case is considered individually. Failure to list a conviction is cause for automatic removal from the eligible list or termination from employment.

Education

Name of last high school attended: _____ Location: _____
 Date of graduation (Month/Year): _____ or GED: _____

College or University	Major	Dates Attended	Degree(s) Received

Are you currently a NLTFPD auxiliary firefighter who is subject to preference points? _____

Do you claim Veteran’s preference points? _____
(If yes, you must attach a copy of you DD214 when you file your application.)

Can you speak any languages I addition to English? ___Yes ___ No List: _____

Personal Information

Copies of required licenses and certifications (Paramedic License, ACLS, PALS, BTLIS, or PHTLS and CPR) must be attached to the application.

Paramedic License or EMT Certification #: _____ State of Issue: _____ Expires: _____

CPR ___ Yes ___ No Expires _____ ACLS ___ Yes ___ No Expires: _____
PALS ___ Yes ___ No Expires _____ BTLIS or PHTLS ___ Yes ___ No Expires: _____

Other Professional Licenses, Certifications and Credentials:

Type	Number	State of Issue	Expiration Date

Office Skills

Check all that apply: Typing WPM _____ PC Computer Proficiency
 Excel Word
 Outlook Other _____

General Information

Have you ever been fired or asked to resign from any previous employment?

___ Yes ___ No If "YES", explain in detail below:

Are you now working more than one job?

___ Yes ___ No If "YES", explain in detail below:

Have you ever had your driver's license suspended or revoked?

___ Yes ___ No If "YES", explain in detail below:

Employment History

List all positions you have held in the last ten (10) years. Begin with your most recent position and list in reverse chronological order. Include any period of unemployment. Attach additional sheets if needed.

From: To: Salary:	Name and Address of Employer:
Supervisor's Name and Phone #	Job Title and Duties:
May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for Leaving:

From: To: Salary:	Name and Address of Employer:
Supervisor's Name and Phone #	Job Title and Duties:
May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for Leaving:

From: To: Salary:	Name and Address of Employer:
Supervisor's Name and Phone #	Job Title and Duties:
May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for Leaving:

From: To: Salary:	Name and Address of Employer:
Supervisor's Name and Phone #	Job Title and Duties:
May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for Leaving:

References

List three (3) professional references that you have known for at least two (2) years. Do not list former employers or relatives.

Name	Occupation	Address	Phone (Day Time)	Years Known

Name any friends or relatives employed by the North Lake Tahoe Fire Protection District:

Have you ever been employed under a different name?
 ___ Yes ___ No If "YES", explain in detail below:

Affidavit

IMPORTANT! Read carefully before signing.

Any applicant will be immediately rejected for employment or, if hired, dismissed without notice for giving false information in the application or failing to accurately provide information requested.

I have truthfully disclosed all information requested in this application.

I authorize contact with any person or entity named in this application and any other person or entity who may have knowledge concerning my past and I authorize all those who are acquainted with me, previous employers, physicians, professionals, institutions, references, law enforcement agencies asked to provide a record of criminal history in accordance with Nevada State law, and others to furnish any and all information they may have concerning me which may be material to my qualifications for the job for which I have applied.

I hereby release the North Lake Tahoe Fire Protection District, its agents and any person or entity that provides or receives information pursuant to this application from any and all liability and any damages which may arise therefrom.

I hereby consent to any drug testing procedures required by the North Lake Tahoe Fire Protection District, or any other means that assures the workplace is free of drugs. I understand that I will not be offered employment until the results of the test are approved. An applicant that shows positive results or who has tampered with the sample will have his/her application rejected and withdrawn from further consideration.

I understand that my employment is contingent upon taking and passing a medical examination. I also understand that if employed, I will be in probationary status for one (1) year, and that I will be photographed and fingerprinted.

I understand that I need to attach a resume, copies of required licenses and certifications as well as a copy of my DD214 if asking for Veteran's preference points.

Signature _____ Date _____