



# WOODSIDE FIRE PROTECTION DISTRICT

3111 Woodside Rd  
 Woodside, CA 94062  
 650-851-1594

**Please complete both sides and email to [ezabala@woodsidefire.org](mailto:ezabala@woodsidefire.org).**  
**Answer all questions completely. Omissions on your part may result in delay or disqualification.**

EMPLOYMENT APPLICATION FOR: \_\_\_\_\_ CADET \_\_\_\_\_

NAME (Last, First, Middle)	DATE OF BIRTH	
ADDRESS (Number, Street and Apartment No.)	DRIVER'S LICENSE NO.	STATE
(City, State, Zip Code)	HOME TELEPHONE NUMBER:	
	ALTERNATE TELEPHONE NUMBER:	

	YES	NO
Have you successfully completed an accredited Firefighter I Academy?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a current EMT-I certification?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a current paramedic license?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been convicted of a violation of the law, excluding minor traffic violations?	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please explain on a separate page. (Convictions do not automatically disqualify you.)

Describe any job-related skills, knowledge, special training, and certificates or licensing, that support your application for this position.

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## EDUCATION AND TRAINING

HIGHEST GRADE COMPLETED			NAME AND LOCATION OF HIGH SCHOOL				DID YOU GRADUATE?		
High School	College	Graduate					YES	NO	GED
1 2 3 4	1 2 3 4	1 2 3 4							
NAME AND LOCATION OF COLLEGE			DATES		GRADUATE		DEGREE	UNITS	MAJOR
BUSINESS OR TRADE SCHOOL			From	To	YES	NO	RECEIVED	SEM/QTR	SUBJECTS
_____			_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
_____			_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
_____			_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____

*Begin with your present or most recent employment.*

**May we contact present and past employers?**

**List both paid and volunteer work.**  
 (Use additional sheets if necessary)

Yes

No

## EXPERIENCE

<b>DATES EMPLOYED</b> From: _____ To: _____		<b>EMPLOYER</b>	<b>ADDRESS</b>
<input type="checkbox"/> <input type="checkbox"/>	<b>HOURS WEEKLY</b>	<b>SALARY</b> WK MO	<b>YOUR TITLE</b>
<b>SUPERVISOR</b>		<b>DUTIES</b>	
<b>EMPLOYER'S PHONE NUMBER</b>			
<b>DATES EMPLOYED</b> From: _____ To: _____		<b>EMPLOYER</b>	<b>ADDRESS</b>
<input type="checkbox"/> <input type="checkbox"/>	<b>HOURS WEEKLY</b>	<b>SALARY</b> WK MO	<b>YOUR TITLE</b>
<b>SUPERVISOR</b>		<b>DUTIES</b>	
<b>EMPLOYER'S PHONE NUMBER</b>			
<b>DATES EMPLOYED</b> From: _____ To: _____		<b>EMPLOYER</b>	<b>ADDRESS</b>
<input type="checkbox"/> <input type="checkbox"/>	<b>HOURS WEEKLY</b>	<b>SALARY</b> WK MO	<b>YOUR TITLE</b>
<b>SUPERVISOR</b>		<b>DUTIES</b>	
<b>EMPLOYER'S PHONE NUMBER</b>			

I certify that the information contained in this application is correct to the best of my knowledge, and understand that falsification of this application in any detail is grounds for disqualification from further consideration, demotion, or for dismissal of employment. If appointed, I agree to conform to the rules and regulations of the Woodside Fire Protection District. I consent to and authorize the Woodside Fire Protection District, or any and all of its participating agencies, to ask for information concerning me. I further understand that I may be fingerprinted, required to submit a complete medical examination, and requested to furnish proof of education as may be directed or otherwise investigated prior to appointment. I release all persons connected with any requests for information from all claims, liability, and damages for whatever reason arising out of this information.

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_