

CENTRAL CALAVERAS FIRE & RESCUE PROTECTION DISTRICT

19927 Jesus Maria Road, Mokelumne Hill, CA 95245

(209) 754-4330 Fax: (209) 754-3906

www.centralcalaverasfire.org



Jeff Stone
Fire Chief

Limited Term Fire Captain Application

APPLICANT INFORMATION												
Last Name			First			M.I.		DOB				
Street Address						Apartment/Unit #						
City				State				ZIP				
Mailing Address						Apartment / Unit #						
City				State				ZIP				
Phone				E-mail Address								
Cell Phone				Social Security #								
Driver's License #			Class		Expiration							
Are you a citizen of the United States?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>		NO <input type="checkbox"/>
Do you have vehicle insurance?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, please attach a copy of your insurance to application.					
Have you ever volunteered for CCFRPD before?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, when?					
EDUCATION												
High School				Address								
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree		
College				Address								
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree		
Other				Address								
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree		
REFERENCES												
<i>Please list two professional references.</i>												
Full Name						Relationship						
Company						Phone						
Address												
Full Name						Relationship						
Company						Phone						
Address												

PREVIOUS EMPLOYMENT			
Company		Phone	
Address		Supervisor	
Job Title	From	To	
Responsibilities			
Reason for Leaving			
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	From	To	
Responsibilities			
Reason for Leaving			
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	From	To	
Responsibilities			
Reason for Leaving			
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

FIRE SERVICE TRAINING		
List formal education or vocational training in the fire science, EMS, or related field?		
A resume containing your applicable fire service training and experience must be attached to this application.		

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date