

BOULDER CREEK FIRE PROTECTION DISTRICT
 13230 Central Avenue
 Boulder Creek, California 95006

Phone: (831) 338-7222
 FAX: (831) 338-7226
 Application No.

BOULDER CREEK FIRE PROTECTION DISTRICT Internship Application

An Equal Opportunity / Affirmative Action Employer

This application must be completed. Please Print. All statements are subject to verification.

NAME: _____
Last First Middle

Social Security #: _____ Date of Birth: _____ Cell Phone#: (____) _____

Home Address: _____ Home Phone#: (____) _____

Work Address: _____ Work Phone#: (____) _____

Have you ever been convicted of a felony or misdemeanor, or been on parole or probation? YES NO
 (Do not include traffic violations under \$100.00)

*If YES, list all convictions since your 18th birthday. You must attach an explanation sheet to include: offense, date and place of conviction, sentence and date of release from custody and/or from probation/parole.

A YES answer to this question is not an automatic bar to employment. Each case is considered individually.

Have you ever been fired or forced to resign from a previous employment? YES NO
 *If YES, you must attach an explanation on a separate sheet. Include employer's name,
 address and dates.

Are you fluent in any language in addition to English? If yes, please specify your skills:
 Language(s): _____ Understand Speak Read Write
 _____ Understand Speak Read Write

Do you possess a valid California driver's license? YES No License # _____ Class A B C
 Title and number of certificate, license or other credential, if required for this position.

Title	Number	Issued By	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Education: Check if you possess one or more: H.S. Diploma G.E.D. CA H.S. Proficiency Certificate

Circle the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4 Post Graduate Work: _____ years

Name and Address of College, University, Vocational School or Institute	Major Course Of Study	Attended Dates From / To	Name of Degree/Certificate	Units Completed Sem. / Qtr

Additional Comments Regarding Education: Training Experience, Certificates or Qualification Credentials:

NAME / ADDRESS OF EMPLOYER

DATES EMPLOYED	JOB TITLE AND DESCRIPTION OF DUTIES
Mo. Yr. Mo. Yr.	
From: To:	
TOTAL MONTHS	
HOURS PER WEEK	
SALARY	SUPERVISOR'S NAME / TITLE
	REASON FOR LEAVING
	May we contact this employer <input type="checkbox"/> Yes <input type="checkbox"/> No

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	REASON FOR LEAVING
	May we contact this employer <input type="checkbox"/> Yes <input type="checkbox"/> No

CERTIFICATE OF APPLICANT (Read carefully before signing). I hereby certify that all statements made in this application are true and I authorize investigation of all matters contained in this application. I understand that any misstatement or omission of material fact on this application will cause forfeiture on my part of all rights of employment with Boulder Creek Fire Protection District. I further agree to be fingerprinted, to submit to a complete medical examination by a physician and to furnish such proof of age and citizenship as may be required.

Signed: _____ Printed: _____ Dated: _____

THIS SECTION IS FOR B.C.F.P.D. USE ONLY

Established to List: _____ Month/Day/Year	Accepted _____	Not Accepted _____	Comments:
	Placement No. <input type="text"/>	<input type="checkbox"/> Experience <input type="checkbox"/> Late <input type="checkbox"/> Education <input type="checkbox"/> No. Sup. <input type="checkbox"/> Inc. App. <input type="checkbox"/> Other	