Date of application:	



MT. CHARLESTON FIRE PROTECTION DISTRICT

We are an Equal Opportunity Employer and fully subscribe to the principles of Equal Employment Opportunity.

City State Telephone number (home and cell) 1. EDUCATION & TRAINING: Please circle last grade completed - High School 8 9 10 11 12 College 1 2 3 4 Masters Doctor Name and address of last high school attended: Name and address of college or university attended:	Zip
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Name and address of last high school attended:	
	rate
Name and address of college or university attended:	
Course studied/degree:	GPA:
Name and address of other school (Technical, Vocational, Graduate, etc.):	

Course studied/degree:	GPA:
List the following certifications and date issued as of the date of this application	:
State Of Nevada Firefighter I:	
National Registry Advanced Emergency Medical Technician:	
NWCG Firefighter II Wildland Certification:	
List any scholarships, academic honors, awards or special achievements:	
Military – (please include branch, MOS and rank at time of separation):	
2. SKILLS: Please list any skills you have that are relevant for the position you	
If required, will you be willing to work the following shifts?	
Rotating shifts: Yes No Saturdays: Yes No Holi Overtime: Yes No Sundays: Yes No	
Position applying for:	
Give a brief explanation of why you believe you are qualified for this position: _	

working as a volunteer or as a hobbyist that may be	st significant experience, interests and accomplishments gained while be useful in the position(s) you are seeking. Names or es such as religion, race, etc. need not be mentioned.)
Date you can start employment:	
Employment History: (Starting with your present past 4 employers.)	nt or most recent employer, list in consecutive order, employment for the
1. Company Name:	
Address:	
City:	State: Zip:
Telephone Number:	
Name and Title of Supervisor:	
Title for the position you held:	
List jobs held, duties performed, skills used a	nd promotions while employed at this company:
Salary at the start of employment:	Salary at the end of employment:
Dates of employment:	
Reason for leaving:	

2. Company Name:			
Address:			
City:	State:	Zip:	
Telephone Number:			
Name and Title of Supervisor:			
Title for the position you held:			
List jobs held, duties performed, skills used an	d promotions while employed at t	nis company:	
Salary at the start of employment:	Salary at the end of en	nployment:	
Dates of employment:			
3. Company Name:			
Address:			
City:	State:	Zip:	
Telephone Number:			
Name and Title of Supervisor:			
Title for the position you held:			
List jobs held, duties performed, skills used an	d promotions while employed at t	nis company:	
Salary at the start of employment:	Salary at the end of en	nployment:	
Dates of employment:			
Reason for leaving:			

4. Company Name:		
Address:		
City:	State:	_ Zip:
Telephone Number:		
Name and Title of Supervisor:		
Title for the position you held:		
List jobs held, duties performed, skills used and promotions wh	ile employed at this co	ompany:
Salary at the start of employment: Salary	y at the end of employ	ment:
Dates of employment:		
Reason for leaving:		
If currently employed, may we contact your employer? Yes	_ No	
READ CAREFULLY: By submitting this application, I verify cert application is correct to the best of my knowledge and understate information may result in denial of employment or discharge. I employment, I must show proof of the legal right to working in the employment is contingent upon successful completion of a back employment background investigations maybe conducted. Find provide any and all information concerning my previous employ have, and release all parties from all liability for any damage that	and that any false state also understand that in he United States. Fur kground investigation ally, I authorize the re- tyment and any pertine	ements or incomplete if selected for rther, I understand that and periodically after ferences listed above to nt information they may
Signature	Dat	e

AFFIRMATIVE ACTION QUESTIONNAIRE

The Mt. Charleston Fire Protection District is an Equal Opportunity Employer and fully subscribe to the principles of Equal Employment Opportunity.

To assist in its commitment to Equal Employment Opportunity, applicants are asked to voluntarily provide the

following information. This questionnaire will be separated from the application prior to any employment decisions. Age Group: Under 18 _____ 18 - 39 ____ 40+____ Gender: Female ____ Male _____ ETHNIC CATEGORY (Please circle the description below that best describes your race/ethnicity): American Indian or Alaskan Native - persons having origins in any of the tribal peoples of North America and who maintain cultural identification through tribal affiliation or community recognition. Asian - persons having origins in any of the original peoples of the far East, Southeast Asia, or the Indian subcontinent. This includes China, Japan, and Korea. Black or African American - persons having origins in any of the black racial groups of Africa. Hispanic or Latino - persons of Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race. Native Hawaiian or Other Pacific Islander - persons having origins in the Pacific Islands, such as Samoa. White - persons having origins in any of the original peoples of Europe, North Africa, or the Middle East. Two or More Races MILITARY – Are you a veteran Yes_____ No____ How did you learn about this job? Newspaper ____ Job Announcement Recruiter _____ Friend or Relative _____ Internet _____

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE

Other (please specify)

LAW ENFORCEMENT QUESTIONNAIRE

criminal re	cord or a c	victed of any felonies other than minor traffic violations during the past seven years? (A priviction will not automatically bar employment, but will be considered only as it reasonably relates from in the position for which you are applying.)	
No	Yes	_ If yes, please explain:	
			_
Signature		Date	_