

MARINWOOD COMMUNITY SERVICES DISTRICT

Application for Volunteer Firefighter

- The Marinwood Community Services District (CSD) is an equal opportunity employer. Federal, State and local law prohibits discrimination in employment because of race, color, religion, sex, age, national origin or disability, unless a bona fide occupational qualification. No question on this application is asked for the purpose of limiting or excluding consideration.
- Print or type requested information. Keep the District informed of address or telephone changes
- Answer all questions completely and accurately. Incomplete information may disqualify your application.
- False statements are cause for rejection of application, removal from eligibility list, or dismissal from position.
- Return to: Chief Tom Roach or on duty Captain, Marinwood Fire Department, 777 Miller Creek Road, San Rafael, CA 94903-1323

	Mido	dle Initial
City	Zip Co	ode
Birth:		
	(Circl	e Answer
t least 75%?	Yes	No
w other than	Yes	No
•	Yes	No
ight to work	Yes	No
C. I. D.	Carl	· C
Study Degre	ee or Ceru	ificate
_	Study Degr	Study Degree or Cert



EMPLOYMENT HISTORY: List your work record for the last 10 years. If jobs held prior to 10 years ago related to the position applied for, list these also. Include self-employment. List each promotion separately and describe the work you did. If unemployed for more than one month, write "unemployed" under position title and explain in the duties section. (Use separate sheet if necessary)

From (month/year)	Title of your position	Company Name		
To (month/year)	Your duties	Address		
Total Years worked	Name, Ti	tle and telephone number of Supervisor		
Starting Salary	If we contact your present employer, will your position be endangered?			
Present/Last Salary	Reason for Leaving			
From (month/year)	Title of your position	Company Name		
To (month/year)	Your duties	Address		
Total Years worked	Name, Tit	tle and telephone number of Supervisor		
Starting Salary	Present/La	ast Salary		
Reason for Leaving				
From (month/year)	Title of your position	Company Name		
To (month/year)	Your duties	Address		
Total Years worked	Name, Tit	tle and telephone number of Supervisor		
Starting Salary	Present/La	ast Salary		
Reason for Leaving				



I certify that all statements made on this application are true and complete to the best of my knowledge. I understand that any false statements will subject me to disqualification or dismissal. I AUTHORIZE THE Marinwood Community Services District to investigate my qualifications, employment record or character through inquiries to any sources mentioned in this application, unless otherwise stated.

Signature	Date	