



**Truckee Fire Protection District  
of Nevada County**

**Employment Interest**

Date: \_\_\_\_\_

PLEASE PRINT

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Position Applying For:

Check One:

Fire: \_\_\_\_\_

Administration: \_\_\_\_\_

Check One:

Full-Time: \_\_\_\_\_

Part-time: \_\_\_\_\_

It is your responsibility to give a written notice of address change. This employment interest sheet will be kept for two (2) years from the date listed above.