



What skills and abilities will you bring to the Fire Department? \_\_\_\_\_

\_\_\_\_\_

Emergency Contact Name/Relationship \_\_\_\_\_

Phone: \_\_\_\_\_

**We will contact you to interview and match your interests with the appropriate dept.**

**Please return your application to:**

City of Escondido – Attn: Fire Department

1163 N. Centre City Pkwy,

Escondido, CA 92026

or scan and email to

[fireadmin@escondido.org](mailto:fireadmin@escondido.org)

**Official Use Only**

Interviewed on \_\_\_\_\_ By: \_\_\_\_\_  
Name Title

Livescan Completed on: \_\_\_\_\_