

Ebbetts Pass Fire District

PO Box 66 Arnold, CA 95223
(209)795-1646 FAX (209)795-3460

Application

Position (check one):

Volunteer Firefighter

Firefighter Intern

Auxiliary Member

Name:	_____	Date: _____
	Last First M.I.	
Address:	_____	Phone: _____
	Physical Address PO Box	
	_____	Email: _____
	City State Zip Code	

Education

High School: _____	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If not, Did you earn a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No
From: _____	To: _____

Additional School: _____		
From: _____	To: _____	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No
Field of Study and Certificates/Licenses/Degrees earned: _____		

References

Name: _____	Relationship: _____
Phone: _____	Email: _____

References (continued)

Name: _____	Relationship: _____
Phone: _____	Email: _____

Employment

Company Name: _____	Phone: _____	
Address: _____	Supervisor: _____	
Job Title: _____	From: _____	To: _____
Responsibilities: _____		
May we contact your supervisor for a reference?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Company Name: _____	Phone: _____	
Address: _____	Supervisor: _____	
Job Title: _____	From: _____	To: _____
Responsibilities: _____		
May we contact your supervisor for a reference?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Military Service

Branch: _____	From: _____	To: _____
Discharge Rank: _____	Please provide a copy of form DD-214.	
Duties Performed: _____		

Training, Experience

Please submit copies of all relevant certifications/licenses with this application

CPR Certification Current Expired Never Certified

Emergency Medical Responder: Current Expired Never Certified

Emergency Medical Technician Current Expired Never Certified

Other Medical Training (and is your certification/license current):

Fire Service Experience:

Do you have any responsibilities or commitments that might prevent you from attending scheduled training or answering calls?

Yes

No

If yes, please explain:

California Driver's License:

Number: _____

Class: _____

List any Driver's License Endorsements: _____

DMV Employer Pull Notice Program

I hereby authorize the California Department of Motor Vehicles (DMV) to disclose or otherwise make available, my driving record, to my employer, Ebbetts Pass Fire District (EPFD). I

understand that EPFD may enroll me in the Employer Pull

Notice (EPN) program to receive a driver record report at least once every twelve (12) months or when any subsequent conviction, failure to appear, accident, driver's license suspension, revocation or any other action is taken against my

driving privilege during my employment. I am not driving in a capacity that requires mandatory enrollment in the EPN program pursuant to California Vehicle Code (CVC) Section 1808.1 (k). I

understand that enrollment in the EPN program is in an effort to promote driver safety, and that my driver license report will be released to EPFD to determine my eligibility as a licensed driver for my employment.

I have read and accept the above _____

Signature

Date

SCBA Use

District Policy, Cal-OSHA, and ANSI regulations for Respiratory Protection require that firefighters who use or are likely to use self-contained breathing apparatus (SCBA) shall be shaved to ensure the mask forms a positive seal on the face.

Suppression Personnel (Career staff, Volunteer Firefighters, and Firefighter Interns) of the Ebbetts Pass Fire District are not permitted to have beards.

This standard does not apply to Auxiliary members.

I have read and accept the above

_____ Signature

_____ Date

Physical Examination

Successful applicants are required to obtain a current medical examination from the fire district physician, confirming that their medical condition and fitness meet the strenuous duties required as a firefighter.

I have read and accept the above

_____ Signature

_____ Date

Background Investigation

I hereby authorize the Ebbetts Pass Fire District to inquire into and request any information or documents necessary to complete an investigation of my background. The extent of any such investigation shall be solely at the discretion of the Ebbetts Pass Fire District. I hereby waive laws pertaining to my right of privacy or the Freedom of Information Act. It is understood the Ebbetts Pass Fire District shall keep confidential all information received.

I have read and accept the above

_____ Signature

_____ Date

Legal Documentation

Applicants, upon accepting offered position, are required to complete Form I-9 and present the requisite documentation proving that the applicant has the legal right to work in the United States.

I have read and accept the above

_____ Signature

_____ Date

All written and expressed statements on this application are in fact true to the best of my knowledge. I agree to faithfully execute the duties of a volunteer firefighter, Firefighter Intern, or Auxiliary Member of EPFD and abide by the laws, regulations, procedures, policies, and bylaws of this volunteer fire company and the Ebbetts Pass Fire District.

Signature

Date

For Fire District Use Only

Accepted:

Signature

Date

Rejected:

Signature

Date

If rejected, reason for rejection:
