



TIBURON FIRE PROTECTION DISTRICT
1679 TIBURON BLVD, TIBURON, CA 94920
www.tiburonfire.org

FIREFIGHTER-TRAINEE APPLICATION

INSTRUCTIONS:

Type or print clearly and fill out the application completely. Return this application along with a resume of not more than two pages and documentation of minimum requirements listed on the flyer to the address listed above. Letter of intent is optional.

CA EMT	<u>DO NOT WRITE IN THIS SPACE - FOR TFPD USE ONLY</u>
CPAT	
H.S. or EQUIVALENT	
CDL	
FF1	

NAME:			
_____	_____	_____	
LAST	FIRST	MIDDLE	
STREET ADDRESS:			
_____	_____	_____	_____
NUMBER & STREET	CITY	STATE	ZIP

CONTACT INFORMATION:	
_____	_____
CELL PHONE	EMAIL
What is the best method to contact you?	

Firefighter-Trainees are assigned to one of three shifts and work an average of 56 hours per week, on a cycle of 48 hours on and 96 hours off. Example: X-X-O-O-O-X-X. Are you able to commit to this work schedule?

If hired, can you present evidence of your U.S. citizenship, or proof of your legal right to work and live in the United States?

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?

If no, please describe:

Note: The Tiburon Fire Protection District complies with the ADA and will consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.

Have you ever applied to or worked for the Tiburon Fire Protection District?

If yes, when?

Do you have any friends or relatives currently working for the Tiburon Fire Protection District?

If yes, who?

REFERENCES: List three persons not related to you who have knowledge of your work performance during the last four years:

FIRST

LAST

PHONE NUMBER

OCCUPATION/TITLE

OF YEARS ACQUAINTED

FIRST

LAST

PHONE NUMBER

OCCUPATION/TITLE

OF YEARS ACQUAINTED

FIRST

LAST

PHONE NUMBER

OCCUPATION/TITLE

OF YEARS ACQUAINTED

EDUCATION: List relevant educational experience. Use an additional sheet if necessary.

HIGH SCHOOL

YEAR GRADUATED

NUMBER & STREET

CITY

STATE

ZIP

If you did not graduate from high school, did you earn a GED?

COLLEGE/UNIVERSITY/VOCATIONAL SCHOOL

YEAR GRADUATED

MAJOR/FOCUS OF STUDIES

DEGREE EARNED

NUMBER & STREET

CITY

STATE

ZIP

EMPLOYMENT: List your current or most recent employer.

EMPLOYER

PHONE NUMBER

NUMBER & STREET

CITY

STATE

ZIP

SUPERVISOR

YOUR JOB TITLE/POSITION

START DATE

END DATE

REASON FOR LEAVING

May we contact this employer for a reference?

LANGUAGE: Are you fluent in any language(s) other than English?

If yes, please specify:

MINIMUM REQUIREMENTS:

Please attach copies of ALL of the following documents.

CA State EMT- **please write in date of expiration here** _____

CPAT - **please write in date of issue here** _____

High School Diploma or equivalent

CA Driver License - **please write in date of expiration here** _____

TRAINING: Please list additional certifications, training or experience you may have relevant to the position (do not attach copies of these documents at this time).

RELEASE

PLEASE READ CAREFULLY, SIGN AND DATE WHERE INDICATED

I hereby certify that I have not knowingly withheld information that might adversely affect my chances for employment and that the answers given by me are true and correct. I further certify that I, the undersigned applicant, have personally completed this document. I understand that any omission or misstatement of material fact on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed since discovery.

PRINT NAME

SIGNATURE

DATE