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.

☐ CA EMT ☐ CPAT ☐ H.S. or EQUIVALENT ☐ CDL ☐ FF1	APPLICANT: do NOT check boxes - FOR TFPD USE ONLY

NAME:

_____ _____ _____
LAST FIRST MIDDLE

STREET ADDRESS:

_____ _____ _____ _____
NUMBER & STREET CITY STATE ZIP

CONTACT INFORMATION:

_____ _____
CELL PHONE EMAIL

What is the best method to contact you?

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:

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-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

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