

Julian Cuyamaca Fire Volunteer Application



Julian Cuyamaca Fire Protection District

Instructions: Please print legibly in ink or type. Answer all questions accurately and completely. All statements in your application are subject to verification. Incorrect or incomplete statements may bar or remove you from acceptance. Resumes will not be accepted in place of a completed application. Attach all necessary documentation to verify education and certifications. Include a copy of your valid EMT-DC/PM license, driver's license, and letters of recommendation.

VOLUTEER APPLICATION

1. Personal Data

Name (Last, First, Middle)		AKA (Previous Names; Maiden Name)	
Mailing Address (Number & Street)		Home Telephone	
		Cell Phone/Pager	
(City, State & Zip)		E-mail Address	
	Social Security Number:	Date of Birth:	

2. Education

High School Graduate (Circle One)	Name & Location of High School			
Yes No GED				
Schools Attended Other Than High Schools	Location	Course of Study	Units Earned	Degree or Certificate

Please describe additional course work or training (including military), which may assist you in the Fire Service.

Certifications: Required Licensing Information:

EMS CERTIFICATION: Type: _____ Number: _____ Expiration Date: _____

CPR Card Level : _____ Expiration Date: _____

DRIVER'S LICENSE: Type: _____ Number: _____ Expiration Date: _____

3. Physical Conditions or Limitations

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4. Work Experience

LIST MOST RECENT EMPLOYMENT FIRST.

Describe different positions held with the same employer in different blocks. List all experience, paid and voluntary. Additional sheets should be attached to this application when necessary, to fully describe related experience, training, education.

From: _____ Month/Year	To: _____ Month/Year	Exact Title Of Position:
Name and Address of Employer:	Duties/Responsibilities:	
Name & Title of Your Supervisor:		
Reason for Leaving:		
From: _____ Month/Year	To: _____ Month/Year	Exact Title Of Position:
Name and Address of Employer:	Duties/Responsibilities:	
Name & Title of Your Supervisor:		
Reason for Leaving:		
From: _____ Month/Year	To: _____ Month/Year	Exact Title Of Position:
Name and Address of Employer:	Duties/Responsibilities:	
Name & Title of Your Supervisor:		
Reason for Leaving:		
From: _____ Month/Year	To: _____ Month/Year	Exact Title Of Position:
Name and Address of Employer:	Duties/Responsibilities:	
Name & Title of Your Supervisor:		
Reason for Leaving:		

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5. Conviction Record

Have you ever been convicted of a felony or misdemeanor offense, in California or in any other state or place, including entering a plea of no contest, which resulted in you being imprisoned or, placed on probation? Yes ___ No ___

If you answered "Yes" above, please explain:

6. Certification of Applicant

I certify that the foregoing information and answers are true, complete, and correct. I understand that any misrepresentation or omission of facts are cause for rejection of application and removal from the eligibility list for employment by the Julian Cuyamaca Fire Protection District. I hereby authorize the JCFPD to investigate all statements contained in this application.

Signature: _____

Date: _____

(Month/Day/Year)

7. Emergency Contact:

Name: _____ Relationship: _____

Address: _____

Phone Number: (Day) _____ (Night) _____

SUBMIT WITH APPLICATION

- Copy of valid California Driver license
- Copy of valid CPR card
- Three letters of recommendation