



ARCATA FIRE DISTRICT

INTERN FIREFIGHTER APPLICATION

Please fill out all sections of this form completely. Failure to do so (include using "see resume" may result in rejection during the selection process. This application and all attachments become the property of the Arcata Fire District and will not be returned to the applicant.

APPLICATION INFORMATION

Name: _____
Last First MI

Telephone: _____

Address: _____

Home: _____

Cell: _____

_____ City State Zip

Mailing Address: _____

Do you need reasonable accommodation to take an oral interview?	Yes	No
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_____ City State Zip

E-mail Address: _____

Are you over 18 years of age? Yes No

Driver's License Number: _____ State Issued: _____ Class: _____

PREVIOUS EMPLOYMENT / RELATIVES EMPLOYED WITH THE DISTRICT

Are you a member of the Arcata Fire District at this time? Yes No

If yes, in what capacity? _____

Have you previously been employed or volunteered with the District? Yes No

If yes, please specify title and employment dates: _____
Title Dates

Names of any District employee you are related to or with whom you live: _____

Relationship: _____

Arcata Fire District is an equal opportunity employer and will not discriminate against an employee or applicant for employment because of race, color, religion, gender, sexual orientation, age, martial status, national origin or mental or physical disability unless based on a bonafide occupational qualification.

REQUIREMENTS / QUALIFICATIONS / EXPERIENCES

Complete the following questions. Answer each question truthfully and to the best of your knowledge. You must have a hard copy of each certificate in your possession, not pending or in the mail, etc. Do NOT attach certificates unless specifically requested. Do NOT attach a resume; you will have an opportunity to provide a resume and other documentation if you are selected to proceed to the Assessment Center.

MINIMUM REQUIREMENTS

Are you over the age of 18 years old?	Yes	No
Do you possess a high school diploma, equivalent GED or higher? (Must attach copy of diploma or transcripts with application)	Yes	No
Do you possess a valid Candidate Physical Ability Test Card (CPAT)? (Must attach copy of card with application)	Yes	No
Have you completed a OSFM Accredited Firefighter 1 academy ? (Must attach copy of certificate with application)	Yes	No
Do you possess a current CPR/AED? (Must attach copy of certificate with application)	Yes	No
Do you possess a EMT license (or higher)? (Must attach copy of certificate with application)	Yes	No
Is California the state holding your EMT license?	Yes	No
EMT Paramedic License Number:		

1. FIREFIGHTING EXPERIENCE (Round to the closest Years/month)

Note: All experience, including Volunteer, Internships, Paid-Per-Call, or Student, must also be detailed in the Employment section to receive credit.

		Years	Months
1A.	Number of years in 1C that were as a Full-Time / Career, Paid Structural Firefighter. (Round to closest month), Do NOT include Volunteer, Intern, Paid-Per-Call, or Student		
1B.	Number of years in 1C that were as a Volunteer, Paid-Per-Call, or Student structural firefighter (Firefighter Academy included). (Round to closest month)		
Note: Total of 1A and 1B must equal Total Entered in 1C			
1C.	TOTAL years of structural firefighting experience. (Round to closest month), Do NOT include Wildland, Forestry, or Airport		
1D.	TOTAL years of other (non-structural) firefighting experience. Include Wildland, Forestry, Airport, etc. (Round to closest month)		

2. AMBULANCE EXPERIENCE

		Years	Months
2A.	Number of years in 2C that were Full-Time, Paid ambulance/transport experience. (Round to closest month),		
2B.	Number of years in 2C that were Part-Time, Paid ambulance/transport experience. (Round to closest month),		
Note: Total of 2A and 2B must equal Total entered in 2C			
2C.	TOTAL years of ambulance/transport experience. (Round to closest month), <i>(Do NOT include experience gained from a structural agency that also transports - this experience is already listed in #1).</i>		

3. DESIRABLE TRAINING AND CERTIFICATION

California State Fire Marshal Fire Fighter II or equivalent	Yes	No
Haz-Mat First Responder Operational	Yes	No
FSTEP Confined Space Rescue Awareness	Yes	No
CSFM Fire Apparatus Driver/Operator I	Yes	No
CSFM Company Officer	Yes	No
NWCG Firefighter Type 2	Yes	No
NWCG Firefighter Type 1	Yes	No
FSTEP LARRO	Yes	No
CSFM Rescue Systems I	Yes	No

List any other *relevant* certifications that may have benefit to Arcata Fire District.

4. SPECIALIZED SKILLS OR ABILITIES

List any skills or abilities not already listed that may benefit Arcata Fire District. Examples may include bilingual, sign language, specific military training, etc.

5. MILITARY SERVICE

Have you served in a branch of the Military?	Yes	No
If so, which branch? _____		

EDUCATION

Name and Location of High School _____ Graduated? Yes No

If not a high school graduate, do you have a certificate of equivalency (GED)? Yes No

If yes, date received: _____

List all Universities/Colleges attended beyond high school

Name and location of University / College / Vocational School	Course of study	Dates attended	Credits completed (List Quarter or Semester)	Type of degree earned

List below any Education/Training (not shown above) you have that may be pertinent to this position.

Do you speak a language other than English fluently? Yes No

If yes, which language(s)? _____

EMPLOYMENT HISTORY

List all work experience, for the last 10 years, including military and volunteer, beginning with your current or most recent position. Describe each job separately, emphasizing your specific tasks and supervisory, technical, or other responsibilities. Give special attention to experience relating to the job for which you are applying. Account for any periods of unemployment or self-employment. If the space provided is not adequate, please attach additional sheets.

Employer	Address	From: _____ (Month/Year)
Your Title	Supervisor's Name and Telephone	To: _____ (Month/Year)
Duties (be specific)		Total Time: _____ (Years/Months)
		Full Time Part Time
		Hrs/Week: _____ (If varied, indicate average)
		Paid Unpaid
May we contact your current employer? Yes No Reason for Leaving:		Start Salary \$ _____ (Monthly)
		Last Salary \$ _____ (Monthly)
Employer	Address	From: _____ (Month/Year)
Your Title	Supervisor's Name and Telephone	To: _____ (Month/Year)
Duties (be specific)		Total Time: _____ (Years/Months)
		Full Time Part Time
		Hrs/Week: _____ (If varied, indicate average)
		Paid Unpaid
Reason for Leaving:		Start Salary \$ _____ (Monthly)
		Last Salary \$ _____ (Monthly)
Employer	Address	From: _____ (Month/Year)
Your Title	Supervisor's Name and Telephone	To: _____ (Month/Year)
Duties (be specific)		Total Time: _____ (Years/Months)
		Full Time Part Time
		Hrs/Week: _____ (If varied, indicate average)
		Paid Unpaid
Reason for Leaving:		Start Salary \$ _____ (Monthly)
		Last Salary \$ _____ (Monthly)

Employer	Address	From: _____ (Month/Year)
Your Title	Supervisor's Name and Telephone	To: _____ (Month/Year)
Duties (be specific)		Total Time: _____ (Years/Months) Full Time Part Time
Reason for Leaving:		Hrs/Week: _____ (If varied, indicate average) Paid Unpaid
Employer	Address	Start Salary \$ _____ (Monthly)
Your Title	Supervisor's Name and Telephone	Last Salary \$ _____ (Monthly)
Duties (be specific)		Total Time: _____ (Years/Months) Full Time Part Time
Reason for Leaving:		Hrs/Week: _____ (If varied, indicate average) Paid Unpaid
Employer	Address	Start Salary \$ _____ (Monthly)
Your Title	Supervisor's Name and Telephone	Last Salary \$ _____ (Monthly)
Duties (be specific)		Total Time: _____ (Years/Months) Full Time Part Time
Reason for Leaving:		Hrs/Week: _____ (If varied, indicate average) Paid Unpaid

Please indicate briefly any job-related skills or additional information you feel may be helpful to us in considering your application.

CERTIFICATION, AUTHORIZATION, AND RELEASE

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE FULLY COMPLETED, SIGNED, AND DATED ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING THESE STATEMENTS, PLEASE ASK THEM BEFORE SIGNING.

1. All answers and statements I have made on this application (and resume or other supplementary materials) are true and complete without omissions. I understand that any false, misleading, or incomplete information will be grounds for refusal to hire or for immediate discharge from the position. I authorize the District to obtain information about me from any of the prior employers or persons named in this application, including those provided by me as references. I also agree to sign an authorization releasing these prior employers and persons of liability for providing such information.

Please initial: _____

2. I understand that if I am offered a position, I will be required to pass a thorough background investigation that may include a criminal history check, a driver's record check, pre-employment drug screen (if applicable), and/or physical and psychological exam as a condition of being appointed, depending on the position for which I am applying and consistent with applicable laws.

Please initial: _____

Please initial: _____

I have read, understand and agree with all of the above statements.

I am submitting this application electronically without a signature. Despite the lack of a signature, I certify that the information contained in the application is true and correct to the best of my knowledge. If I continue in the selection process, I will provide a signed application to Arcata Fire District.

Signature

Date

Mail or deliver completed application and all required documents to:

**Arcata Fire District 2149 Central
Ave McKinleyville
CA. 95521**

POSTMARKS WILL NOT BE ACCEPTED

OR

E-mail completed application and all required documents to jcliff@arcatafire.org

FAXED APPLICATIONS WILL NOT BE ACCEPTED

NOTE: This application is only valid for the position and opening applied for. To be considered for other positions or openings, you must submit a new application.