

Application Received	Southern Marin Fire Protection District Employment Application	Qualified
Date:		Not Qualified
Time:		HS/GED: FF1:
Order:		EMT/PM: CDL:

Applicants, please note:

1. Applications must be submitted in person.
2. Application must have attached copies of:
 - A. High school diploma or GED Certificate.
 - B. Current Driver's License.
 - C. Firefighter 1 certificate.
 - D. California State paramedic license.
3. All applications will be screened for qualifications and completeness.

----- Do not write above this line -----

Positions that you are applying for: (check all that apply)

- Firefighter/EMT
 Firefighter/Paramedic
 Firefighter/Paramedic – Lateral Transfer
 Reserve
 Internship

Personal

Last Name:	First Name:	Middle Name:
Street:	City:	State, Zip:
Home Phone:	Work Phone:	Social Security No:
Driver's License#:	State:	Class:

Are you at least 18 years of age? Yes____ No____

Education

	School	Major	Dates	Degrees
High School:	_____			
College/Univ:	_____			

Firefighter 1 Academy: _____ Completion Date: _____

EMT-1 Certificate? Yes____ No____ Paramedic License# _____

Copies attached:

- ___ Driver's License ___ California Paramedic License
 ___ FF1 Certificate ___ High school diploma or GED certificate
 ___ Copy of current CPAT certificate

Do you have any physical limitations which might prevent you from performing the duties of a firefighter or paramedic? Yes____ No____

Starting with your present or last employer, please account for your past experience. Attach any supplemental information you think may be useful. Please be sure to fill out the application fully. DO NOT MARK THE APPLICATION "SEE RESUME".

Employer	From	To
Address		City/State/Zip Code
Your Position	Supervisor	Phone
Duties and Responsibilities		
Number of persons you supervised	Reason for leaving	
Employer	From	To
Address		City/State/Zip Code
Your Position	Supervisor	Phone
Duties and Responsibilities		
Number of persons you supervised	Reason for leaving	
Employer	From	To
Address		City/State/Zip Code
Your Position	Supervisor	Phone
Duties and Responsibilities		
Number of persons you supervised	Reason for leaving	

May we contact your present employer? Yes ___ No ___

I understand that any misrepresentation or deliberate omission of a material fact may be justification for termination or refusal of employment. If an offer of employment is made to me, I agree to undergo a physical examination and background investigation. Furthermore, I fully understand that employment is contingent upon meeting the qualifications and character required for this position.

Signature: _____

Date: _____