

Application Received	<b>Southern Marin Fire Protection District Employment Application</b>	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 or proof of paramedic course enrollment
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

**Personal**

Last Name:	First Name:	Middle Name:
Street:	City	State, Zip
Home Phone:	Work Phone:	
Driver's License #	State:	Class:

Are you at least 18 years of age at the time of application?    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

SS #

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: \_\_\_\_\_