

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 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: _____