

# Ebbetts Pass Fire District

P.O. Box 66 • Arnold CA 95223  
209-795-1646 • FAX 209-795-3460



## Intern Application

Name: (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Pager or Cell Phone: \_\_\_\_\_ e-mail \_\_\_\_\_

Are you between the ages of 18 and 65? YES \_\_\_\_\_ NO \_\_\_\_\_

How long at present address? \_\_\_\_\_ years \_\_\_\_\_ months

## **Employment**

Provide information on present employer and last two employers:

Name	Address	Phone Number & Contact Person	Month/Year
			From: To:
			From: To:
			From: To:

Normal working hours: \_\_\_\_\_

Would your present employer allow you to respond to incidents during working hours?

May we contact your present employer? \_\_\_\_\_

If yes, please give supervisor's name and telephone number: \_\_\_\_\_

In general, please indicate your availability for response:

	<b>Daytime</b> <small>(8:00 A.M. - 6:00 P.M.)</small>	<b>Nighttime</b> <small>(6:00 P.M. - 8:00 A.M.)</small>
Saturdays	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sundays	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Mondays	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Tuesdays	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Wednesdays	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Thursdays	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Fridays	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

If you work on shift or have other types of work/school schedules that may change from week to week or month to month or season to season, please explain:

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## Personal Information

Formal Education: (check one) High School Diploma \_\_\_\_\_ GED \_\_\_\_\_ Year \_\_\_\_\_  
College and/or Trade School: \_\_\_\_\_ Completed: \_\_\_\_\_

Fire Service Experience: \_\_\_\_\_

Emergency Medical Experience: \_\_\_\_\_

MEDICAL TRAINING: Do you have a current card as an Emergency Medical Technician, First Responder, \_\_\_\_\_ or \_\_\_\_\_ Advanced \_\_\_\_\_ First \_\_\_\_\_ Aid?

Do you have a valid California State Driver's License? Yes \_\_\_\_\_ (attach photocopy)

Class \_\_\_\_\_ Number \_\_\_\_\_ Expires: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (attach photocopy)

Do you have any allergies? \_\_\_\_\_ If yes, please list: \_\_\_\_\_

IN CASE of Emergency Notify: \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone: \_\_\_\_\_

Do you have any physical limitations, restrictions or disabilities that may affect your ability to perform duties as needed at an emergency scene? \_\_\_\_\_ If yes, explain:

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Have you ever been convicted of any criminal felony; or of a misdemeanor involving domestic violence; or of any motor vehicle moving violation in the last seven years? \_\_\_\_\_

If yes, explain:

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In the event this question is not truthfully answered, it may lead to your dismissal or denial of membership.

Give Two Personal References:

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ City: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Years Known: \_\_\_\_\_

2. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ City: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Years Known: \_\_\_\_\_

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## Training Drills

Thursday Nights 7:30 - 10:00 p.m.

Are you will and able to attend these practices on a regular basis? \_\_\_\_\_

**Note: All members are required to maintain a minimum 50% drill attendance.**

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## S.C.B.A. USE

District Policy, Cal-OSHA, and ANSI regulations for Respiratory Protection requires that firefighters who use or are likely to use a self-contained breathing apparatus (SCBA) shall be shaved to ensure the mask forms a positive seal on the face.

I have read and accept the above regulation: \_\_\_\_\_

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## DMV EPN

I hereby authorize the California Department of Motor Vehicles (DMV) to disclose or otherwise make available, my driving record, to my employer, Ebbetts Pass Fire District (EPFD). I understand that EPFD may enroll me in the Employer Pull Notice (EPN) program to receive a driver record report at least once every twelve (12) months or when any subsequent conviction, failure to appear, accident, driver's license suspension, revocation or any other action is taken against my driving privilege during my employment. I am not driving in a capacity that requires mandatory enrollment in the EPN program pursuant to California Vehicle Code (CVC) Section 1808.1(k). I understand that enrollment in the EPN program is in an effort to promote driver safety, and that my driver license report will be released to EPFD to determine my eligibility as a licensed driver for my employment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Successful applicants are required to obtain a current medical examination from the fire district physician, confirming that their medical condition and fitness meet the strenuous duties required as a firefighter.

I hereby authorize the Ebbetts Pass Fire District to inquire into and request any information or documents necessary to complete an investigation of my background. The extent of any such investigation shall be solely at the discretion of the Ebbetts Pass Fire District. I hereby waive laws pertaining to my right of privacy or the Freedom of Information Act. It is understood the Ebbetts Pass Fire District shall keep confidential all information received.

**All written and expressed statements on this application are in fact true to the best of my knowledge. I agree to faithfully execute the duties of a volunteer firefighter and abide by the laws, regulations, procedures, policies, bylaws of this volunteer fire company and the Ebbetts Pass Fire District.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

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**For District Use Only:**

DMV Employer Pull Notice Program

Accepted: \_\_\_\_\_  
Signature Date

Rejected: \_\_\_\_\_  
Signature Date

If rejected, reason for rejection:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I do hereby certify under penalty of perjury under the laws in the State of California, that I am an authorized representative of EPFD, that the information on this document is true and correct to the best of my knowledge and that I am requesting driver record information on the above individual to verify the information as provided by said individual. This record is to be used by EPFD in the normal course of business and as a legitimate business need to verify information relating to a driving position not mandated pursuant to CVC Section 1808.1. The information received will not be used for any unlawful purpose. I understand that if I have provided false information, I may be subject to prosecution for perjury (Penal Code Section 118) and false representation (CVC Section 1808.45). These are punishable by a fine not exceeding five thousand dollars (\$5,000) or by imprisonment in the county jail not exceeding one year, or both fine and imprisonment. I understand and acknowledge that any failure to maintain confidentiality is both civilly and criminally punishable pursuant to CVC Sections 1808.45 and 1808.46.

Signature: \_\_\_\_\_  
Date