

TIBURON FIRE PROTECTION DISTRICT 1679 TIBURON BLVD, TIBURON, CA 94920 tiburonfire.gov

FIREFIGHTER-PARAMEDIC APPLICATION

INSTRUCTIONS:

Type or print clearly and fill out the application completely. Return this application, along with a 1-page resume, and documentation of minimum qualifications listed on page 4 of this application, and on the flyer, to the address above.

minimum qualifications	listed on page 4 of this application, a	nd on the flyer, to the address above.			
CA EMT-P License or proof of current enrollment in paramedic school APPLICANT: do NOT check boxes - FOR TFPD USE ONLY					
CPAT (or proof of scheduled test with full	name & date)				
H.S. or EQUIVALENT	name a cate,				
CA DL					
	d Firefighter 1 Academy or CSFM Firefighter 1 Certi	ication			
CPR Certification Accredited	d Filelighter i Academy of Corivi Filelighter i Certi	ication			
NAME:					
····-					
LAST	FIRST		_		
LAST	FIRST	MIDDLE			
STREET ADDRESS:					
			_		
NUMBER & STREET	CITY	STATE ZIP			
CONTACT INFORMATION:					
CONTACT IN ORWATION.					
CELL PHONE	EMAIL				
What is the best method to contact you?)				
,					

EDUCATION: List relevant educational experience.	Use an additional she	eet if necessary.	
HIGH SCHOOL		YEAR GRADUATED	
NUMBER & STREET	CITY	STATE	ZIP
If you did not graduate from high school, did you ear	n a GED?		
COLLEGE/UNIVERSITY/VOCATIONAL SCHOOL		YEAR GRADUATED	
MAJOR/FOCUS OF STUDIES		DEGREE EARNED	
NUMBER & STREET	CITY	STATE	ZIP
EMPLOYMENT: List your current or most recent en	nployer.		
EMPLOYER	PHONE NUMBER		
NUMBER & STREET	CITY	STATE	ZIP
SUPERVISOR	YOUR JOB TITI	LE/POSITION	
START DATE END DATE RE	ASON FOR LEAVING		
May we contact this employer for a reference?			
LANGUAGE : Are you fluent in any language(s) other liftyes, please specify:	er than English?		

Firefighter-Paramedics are assigned to one of three shifts and work an average of 56 hours per week, on a cycle of 48 hours on and			
96 hours off. Example: X-X-O-O-O-X-X. Are you able to commit to this work schedule?			
If hired, can you present evidence of your U.S. citizenship, or proof of your legal right to work and live in the United States?			
Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable			
accommodation? If no, please describe:			
ii iio, piease describe.			
Note: The Tiburon Fire Protection District complies with the ADA and will consider reasonable accommodation measures that may be necessary for			
eligible applicants/employees to perform essential functions.			
Have you ever applied to or worked for the Tiburon Fire Protection District?			
If yes, when?			
Do you have any friends or relatives currently working for the Tiburon Fire Protection District?			
If yes, who?			

REFERENCES: List three persyears:	sons not related to you who have know	ledge of your work performance during the last four
FIRST	LAST	PHONE NUMBER
OCCUPATION/TITLE		# OF YEARS ACQUAINTED
FIRST	LAST	PHONE NUMBER
OCCUPATION/TITLE		# OF YEARS ACQUAINTED
FIRST	LAST	PHONE NUMBER
OCCUPATION/TITLE		# OF YEARS ACQUAINTED

MINIMUM QUALIFICATIONS:

Please attach copies of ALL of the following documents:

Valid EMT-P License OR proof of current enrollment in paramedic school
Valid CPAT (or proof of scheduled date with full name)
High School Diploma or equivalent
Valid CA Driver License
Valid CPR Ceritification
Accredited Firefigher 1 Academy or CSFM Firefighter 1 Certification

TRAINING: Please list additional certifications, training, licenses & experience you have relevant to the position (do	<u>no</u> t
include of certifications & licenses other than those listed under "Minimum Qualifications" above & on the flyer).	
<u>RELEASE</u>	
PLEASE READ CAREFULLY, SIGN AND DATE WHERE INDICATED	
I hereby certify that I have not knowingly withheld information that might adversely affect my chances for employment	and
that the answers given by me are true and correct. I further certify that I, the undersigned applicant, have personally	an a
completed this document. I understand that any omission or misstatement of material fact on any document used to s	ecure
employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless	
	OI lile
time elapsed since discovery.	
PRINT NAME	
SIGNATURE	_
	