

# San Andreas Fire Protection District

## Policies and Procedures

### Appendix A

#### Fire Fighter Application Packet

Thank you for your interest in becoming a Firefighter for the San Andreas Fire Protection District. Before you fill out your application packet you should understand clearly just how important and demanding the job of a Firefighter really is. The San Andreas Fire Protection District is not a social organization. Its job is to fight fire, protect property and to save lives.

As a firefighter you may be called out at any time to work long hours in difficult conditions. These situations might be fighting fires, responding to medical aids, or assisting the public in many ways. Not all of these calls are glamorous. Within one (1) year you will be expected to complete the following:

- a minimum 25 hours of Engine Company training
- a First Responder course
- a formal Firefighter certification course

You will be expected to participate in continuing in-service training to maintain satisfactory levels of proficiency and attend a minimum of 12 hours of formal fire operation relation training quarterly. In addition, you will be expected to attend special meetings or drills as called by your officers. This can total 120 hours or more of training per year.

If being a Firefighter sounds hard, it is. But the satisfaction and team support you will get from contributing to your community makes it all worthwhile. Here is information about your application:

- A. You must be at least 18 years old at time of acceptance, and be physically able to perform the duties required of the position.
- B. Possess a current California Drivers License. You must provide a current DMV record printout with your application.
- C. You must successfully complete a CPR class.
- D. You must successfully complete a First Responder or EMT certification course and maintain current certification.
- E. You may be required to submit to and pass a Physical Fitness for Duty Exam.
- F. You may be required to pass a short physical agility test administered by the Department.

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- G. You must pass an oral assessment panel, which will be selected by the Fire Chief.
- H. Qualified applicant's names will be submitted to the Fire Chief for approval.

THANK YOU FOR YOUR INTEREST. YOU WILL BE NOTIFIED WHEN YOUR ORAL INTERVIEW WITH FIRE DEPARTMENT OFFICERS WILL BE HELD.

**SAN ANDREAS FIRE PROTECTION DISTRICT**

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SAN ANDREAS FIRE PROTECTION DISTRICT

FIREFIGHTER APPLICATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HOME PHONE #: \_\_\_\_\_

WORK PHONE #: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

DRIVER'S LICENSE #: \_\_\_\_\_ CLASS: \_\_\_\_\_

EDUCATION (Highest Grade/College Degree): \_\_\_\_\_

HEIGHT: \_\_\_\_\_

WEIGHT: \_\_\_\_\_

HAIR: \_\_\_\_\_

EYES: \_\_\_\_\_

BLOOD TYPE: \_\_\_\_\_





**SAN ANDREAS FIRE PROTECTION DISTRICT**

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REFERENCES: (List at least 3 references; 1 of the references may be a family member).

Name	Phone Number	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

Why do you want to become a Firefighter with the San Andreas Fire Protection District?  
\_\_\_\_\_  
\_\_\_\_\_

Use the space below to list or explain any other reasons to be used in considering your application.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICANT CERTIFICATION: PLEASE READ AND UNDERSTAND BEFORE SIGNING.**

**I CERTIFY THAT THE STATEMENTS MADE BY ME IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT MISREPRESENTATION, FRAUD, OR OMISSION OF MATERIAL FACTS MAY RESULT IN DENIAL OF MY APPLICATION, DISCIPLINARY ACTION BY THE SAN ANDREAS FIRE PROTECTION DISTRICT, OR IMMEDIATE TERMINATION FROM THE DISTRICT.**

I HEREBY AUTHORIZE REPRESENTATIVES OF THE SAN ANDREAS FIRE PROTECTION DISTRICT TO CONTACT ANY ORGANIZATIONS OR INDIVIDUALS LISTED FOR THE PURPOSE OF ESTABLISHING OR VERIFYING THE INFORMATION PROVIDED IN CONNECTION WITH THIS APPLICATION. I UNDERSTAND AND ACKNOWLEDGE THAT SUCH INFORMATION WILL BE USED CONFIDENTIALLY AND FOR THE PURPOSES OF THIS APPLICATION ONLY. IT WILL BECOME PART OF MY PERSONNEL RECORDS SHOULD I BE ACCEPTED.

Printed Name: \_\_\_\_\_

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

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