

California Pines Fire Department
325 CO RD 230
HC4 Box 43002
Alturas CA 96101

FIREFIGHTER APPLICATION

NAME (LAST) _____ (FIRST) _____ (MIDDLE) _____

DATE OF BIRTH _____

HOME ADDRESS _____
STREET CITY ZIP

MAILING ADDRESS _____

PHONE NUMBER (HOME) _____ (WORK) _____ (CELL) _____

EMAIL ADDRESS _____

DRIVER LICENSE NUMBER _____ CLASS _____ STATE _____ EXPIRES _____

MEDICAL TRAINING _____

CURRENT CPR CERTIFICATION NO YES: EXPIRATION _____

CURRENT EMPLOYER _____ POSITION _____

EDUCATION GED/HIGH SCHOOL DIPLOMA COLLEGE OTHER _____

EMERGENCY CONTACT _____

	NAME	ADDRESS
PHONE NUMBER	HOME	WORK
		CELL

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand that I must successfully complete my probationary training prior to becoming a member in good standing.

SIGNATURE _____ DATE _____

OFFICE USE ONLY

Received: _____ Interviewed: _____