CAL FIRE 215 (REV. 3/13) Page 1

APPLICANT'S NAME (Last) (First)			(M.I.)	LAST 4 E NUMBER	DIGITS OF	SOCIAL S	SECURITY		
MAII	MAILING ADDRESS (Number) (Street) WORK TELEPHONE NUMBER						R		
(City	(City) (County) (State) (Zip Code) HOME TELEPI					ELEPHON	E NUMBE	R	
ANS	SWER	THE FOLLOWING QUESTI	ONS:						
1.	1. Do you need reasonable accommodation to take an oral interview?							NO	
2.	Do y	our religious beliefs prever	nt you from taking a	an interview on Satu	urday?		YES		NO
3.	3. Do you meet the minimum age requirements of 18 years? YES NO						NO		
4.	Have	e vou ever: (If "YES", give	details in Item 5 be	low and refer to the	e Instructions for further details.)				
	 Have you ever: (If "YES", give details in Item 5 below and refer to the Instructions for further details.) a. Been dismissed or fired from a position for any reason? 							NO	
	 Resigned from or quit a position while under investigation or after being informed discipline would be taken against you, or during an appeal from a disciplinary action? 								
	c. Been rejected or told you would not receive permanent or continued employment during any type of probationary or trial period on the job?						NO		

5. EXPLANATIONS

I. EDUCATION: Please fill in the box that corresponds to the HIGHEST LEVEL of education completed, major (if applicable), and completion date. Please note that copies of transcripts and/or diploma <u>MAY BE REQUIRED</u> prior to appointment.									
	-		-				Personnel Use	e Only: [MAX] 10	
HIGH SCHOOL DIPLO	OMA/GED	COLLEGE UNIT	S COMPLE	TED		AA/AS DEC	GREE	BA/BS DEGREE	
YES	NO NO	SEMESTER	QUAR	TER	Major: _			Major:	
Completion Date:					Complet	tion Date:		Completion Date:	
	I. TRAINING: Please indicate which certification courses and/or emergency medical training you have successfully completed by marking "yes" or "no" for each course. Copies of current certifications <u>WILL BE REQUIRED</u> prior to appointment.								
							Personnel Use	e Only: [MAX] 45	
A. CERTIFICATI	A. CERTIFICATION COURSES B. EMERGENCY MEDICAL COURSES								
1. STATE FIRE M	ARSHAL FIRE	FIGHTER I	YES	🗌 NO	1.	CPR		YES	NO
2. HAZ-MAT FIRS	T RESPONDER	R-OPERATIONAL	YES	🗌 NO	2.	PUBLIC SAFET	Y/FIRST AID	YES	NO
3. 67-HOUR CDF	WILDLAND FIR	EFIGHTER	YES	🗌 NO	3.	FIRST RESPON	IDER	YES	NO
CERTIFICATE					4.	EMERGENCY M	MEDICAL TECHNICIAN	N YES	NO NO
4. COMBINED SP	ACE RESCUE	AWARENESS	YES	NO	5.	PARAMEDIC		YES	NO NO
CERTIFICATION-IN	IPORTANT-	-PLEASE READ I	BEFORE	SIGNING-	–If not	signed, this a	application may be	e rejected.	
understand any false	e, incomplete, I authorize the	or incorrect statem employers and ed	ents may ro ucational ir	esult in my nstitutions	disqua identifie	lification from th d on this applic	e selection process ation to release any	the best of my knowledge. or dismissal from employmer information they may have co n.	nt with the
APPLICANT'S SIGNATURE								DATE SIGNED	
Ø									
	APPLICANTS—DO NOT USE THIS SPACE BELOW—FOR OFFICIAL USE ONLY								
	FLAG	CODES:						FOR PERSONNEL US	EONLY
FS CAT	CPR	HMFRO	CDF WILDLAND		SRA	EMS	CDF FF EXP	REVIEWER SIGNATURE:	
				[

PRINT OR TYPE - PLEASE SEE INSTRUCTIONS ON BACK PAGE

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APPLICANT'S NAME (Last)	(First)	(M.I.)	LAST 4 DIGITS OF SOCIAL SECURITY NUMBER
		able information specified below including classification t VILL BE VERIFIED PRIOR TO APPOINTMENT.	itle, location, employer, and [MAX] 30
A). CDF FIREFIGHT	ING EXPERIENCE		
Include CDF firefighting e	xperience only (i.e., Fire Fighter I,	Conservation Camp, Fire Center)	
FROM (MDY)	TO (MDY)	JOB TITLE/CLASSIFICATION (Include Range or Level, If applicable)	
HOURS PER WEEK	TOTAL WORKED (Years/Months)	CDF UNIT	
SALARY EARNED		ADDRESS	
\$	PER		

DUTIES PERFORMED

REASON FOR LEAVING

FROM (MDY)	TO (MDY)	JOB TITLE/CLASSIFICATION (Include Range or Level, If applicable)
HOURS PER WEEK	TOTAL WORKED (Years/Months)	CDF UNIT
SALARY EARNED		ADDRESS
\$	PER	

DUTIES PERFORMED

REASON FOR LEAVING

B.) FULL-TIME NON-CDF FIREFIGHTING EXPERIENCE Include full-time firefighting experience with other organizations (i.e., City, County, USFS, BLM, or National Park Service, etc.)					
FROM (MDY)	TO (MDY)	JOB TITLE/CLASSIFICATION (Include Range or Level, If applicable)			
HOURS PER WEEK	TOTAL WORKED (Years/Months)	COMPANY/STATE AGENCY NAME			
SALARY EARNED		ADDRESS			
\$	PER				

DUTIES PERFORMED

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APPLICANT'S NAME (Last)	(First)	(M.I.)	LAST 4 DIGITS OF SOCIAL SECURITY NUMBER
III. FIREFIGHTING EXP	PERIENCE, CONTINUED:	· · ·	-
•	N-CDF FIREFIGHTING EXI ng experience with other organizat	PERIENCE ions (i.e., City, County, USFS, BLM, or National Park Service, etc.)	
FROM (MDY)	TO (<i>MDY</i>)	JOB TITLE/CLASSIFICATION (Include Range or Level, If applicable)	
HOURS PER WEEK	TOTAL WORKED (Years/Months)	COMPANY/STATE AGENCY NAME	
SALARY EARNED		ADDRESS	
\$	PER		
DUTIES PERFORMED			

UTIES PERFORMED

REASON FOR LEAVING

C.) PAID CALL, VOLUNTEER AND/OR RESERVE FIREFIGHTING EXPERIENCE Include firefighting experience gained as a Paid Call, Volunteer, and or Reserve Fire Fighter and/or CDF Emergency Worker or Fire Fighter Explorer FROM (MDY) TO (MDY) JOB TITLE/CLASSIFICATION (Include Range or Level, If applicable) HOURS PER WEEK COMPANY/STATE AGENCY NAME TOTAL WORKED (Years/Months) SALARY EARNED ADDRESS PER \$

DUTIES PERFORMED

FROM (MDY)	TO (MDY)	JOB TITLE/CLASSIFICATION (Include Range or Level, If applicable)
HOURS PER WEEK	TOTAL WORKED (Years/Months)	COMPANY/STATE AGENCY NAME
SALARY EARNED	ADDRESS	COMPANY/STATE AGENCY NAME
\$	PER	

DUTIES PERFORMED

REASON FOR LEAVING

PER

FIRE FIGHTER I APPLICATION FOR EMPLOYMENT

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APPLICANT'S NAME (Last)	(First)	(M.I.)	LAST 4 DIGITS OF SOCIAL SECURITY NUMBER			
	7. NON-FIREFIGHTING EXPERIENCE: List the applicable information specified below including classification title, location, employer, and months of experience. ALL INFORMATION WILL BE VERIFIED PRIOR TO APPOINTMENT. [MAX] 15					
A.) PUBLIC SAFET	Y					
Include work experience in	n a public safety area of AT LEAS	T 6 MONTHS DURATION (i.e., CDF Volunteers in Prevention, Military, Sec	urity Guard, Lifeguard, Dispatcher, Park Ranger)			
FROM (MDY)	TO (MDY)	JOB TITLE/CLASSIFICATION (Include Range or Level, If applicable)				
HOURS PER WEEK	TOTAL WORKED (Years/Months)	COMPANY/STATE AGENCY NAME				
SALARY EARNED		ADDRESS				

\$

DUTIES PERFORMED

REASON FOR LEAVING

B.) MEDICAL C	B.) MEDICAL CARE PROVIDER				
	experience as a medical care provider nician). Do NOT include non-medical e	of AT LEAST 6 MONTHS DURATION. Experience <u>must</u> include direct patient care (i.e., Ambulance Attendant, Emergency xperience.			
FROM (MDY)	TO (<i>MDY</i>)	JOB TITLE/CLASSIFICATION (Include Range or Level, If applicable)			
HOURS PER WEEK	TOTAL WORKED (Years/Months)	COMPANY/STATE AGENCY NAME			
SALARY EARNED		ADDRESS			
\$	PER				

DUTIES PERFORMED

REASON FOR LEAVING		
FROM (MDY)	TO (MDY)	JOB TITLE/CLASSIFICATION (Include Range or Level, If applicable)
HOURS PER WEEK	TOTAL WORKED (Years/Months)	COMPANY/STATE AGENCY NAME
SALARY EARNED		ADDRESS
\$	PER	
DUTIES PERFORMED		

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APPLICANT'S NAME (Last) (First) (M.I.) LAST 4 DIGITS OF SOCIAL SECURITY NUMBER
IV. NON-FIREFIGHTING EXPERIENCE, CONT.:
C.) TRADES/INDUSTRIAL/OTHER EXPERIENCE

C.) TRADES/IN	C.) TRADES/INDUSTRIAL/OTHER EXPERIENCE					
Include trades/indus	Include trades/industrial experience of AT LEAST 6 MONTHS DURATION (i.e., Carpenter, Mechanic, Cook, etc.).					
FROM (MDY)	TO (<i>MDY</i>)	JOB TITLE/CLASSIFICATION (Include Range or Level, If applicable)				
HOURS PER WEEK	TOTAL WORKED (Years/Months)	COMPANY/STATE AGENCY NAME				
SALARY EARNED		ADDRESS				
\$	PER					
DUTIES PERFORMED						

REASON FOR LEAVING

FROM (MDY)	TO (MDY)	JOB TITLE/CLASSIFICATION (Include Range or Level, If applicable)
HOURS PER WEEK	TOTAL WORKED (Years/Months)	COMPANY/STATE AGENCY NAME
SALARY EARNED		ADDRESS
\$	PER	

DUTIES PERFORMED

REASON FOR LEAVING

FROM (MDY)	TO (MDY)	JOB TITLE/CLASSIFICATION (Include Range or Level, If applicable)
HOURS PER WEEK	TOTAL WORKED (Years/Months)	COMPANY/STATE AGENCY NAME
SALARY EARNED		ADDRESS
\$	PER	

DUTIES PERFORMED

REASON FOR LEAVING

CALIFORNIA DEPARTMENT OF FORESTRY AND FIRE PROTECTION (CDF) FIRE FIGHTER I APPLICATION FOR EMPLOYMENT

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EQUAL EMPLOYMENT OPPORTUNITY

APPLICANT: To assist the State of California in its commitment to Equal Employment Opportunity, applicants are asked to voluntarily provide the following information. This questionnaire will be separated from the application prior to any employment decisions. Government Code Section 19705 authorizes the State Personnel Board to retain this information for research and statistical purposes.

AGE	JNDER 21 21- 39 40-69 70 AND OVER MALE FEMALE			
Ethnic Category (Please check the box that best describes your race/ethnicity):				
	AMERICAN INDIAN OR ALASKAN NATIVE - Persons having origins in any of the tribal peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.			
	ENTER TRIBAL IDENTIFICATION OR AFFILIATION:			
	ASIAN - Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent. This includes China, Japan, and Korea.			
	BLACK - Persons having origins in any of the black racial groups of Africa.			
	FILIPINO - Persons having origins in any of the original peoples of the Philippine Islands.			
	HISPANIC - Persons of Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.			
	PACIFIC ISLANDERS - Persons having origins in the Pacific Islands, such as Samoa.			
	WHITE - Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.			
Check if:				
	OTHER (Specify)			
	DISABLED - A person with a disability is an individual who:			
	 Has a physical or mental impairment that substantially limits one or more life activities, such as walking, speaking, breathing, performing manual tasks, seeing, hearing, learning, caring for oneself or working; 			
	(2) Has a record of such an impairment;			
	(3) Is regarded as having such impairment.			
	MILITARY - A military veteran; a widow or widower of a veteran; or a spouse of a 100% disabled veteran.			
HOW DID YOU LEARN OF THE FIRE FIGHTER I POSITION?				
	NEWSPAPER RECRUITER INTERNET			
	JOB ANNOUNCEMENT SCHOOL FRIEND/RELATIVE			
	OTHER (Specify)			

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE

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INSTRUCTIONS

Read the following instructions carefully before completing this Application. Please complete the Application on a typewriter or personal computer or print in ink. All questions **must** be answered completely and accurately, except as noted. You may be disqualified for any false or misleading statements or for omitting information. The information you furnish will be used to determine your eligibility and/or may be the basis for arriving at your final rating. You may be requested to provide additional information regarding your qualifications, your preference regarding work shifts, etc., and health/medical background.

Social Security Number – Please provide the last four (4) digits of your social security number.

Question 1 – Reasonable Accommodation will be provided to applicants who need assistance to participate in an interview due to a verifiable disability. If you check "yes" you will be contacted via telephone or mail to make specific arrangements.

Question 3 – The minimum age requirement for a Fire Fighter I is 18 years of age at the time of appointment. If you are not currently 18 years of age or older, please indicate your date of birth in the space provided.

Question 4 – Employment History/Discharges. These questions must be answered by all applicants. (a) You must answer "yes" if you have ever, because of poor performance or misconduct, been fired from a job, let go, or had a work contract terminated. (b) You must answer "yes" if you have ever quit a job after being informed that you were under suspicion of misconduct or poor performance or after being informed you could receive disciplinary action. (c) You must answer "yes" if you were ever advised that you would be rejected, released, or not hired permanently after a trial period. Explain any "yes" answers in Item 5. Include the facts in brief, the grounds for any action taken against you, and the circumstances under which you left the position.

SPECIAL NOTE: Verification of the items listed in Section I, Education and/or Section II, Training, may be required at the time of the interview or appointment. Acceptable verification for education is copies of your transcripts and/or diploma. The acceptable verification for training is a copy of your certificate of course completion and/or copy of both sides of your current, valid medical card.

Section I – Education. Fill in the highest level of education you have achieved and the date of completion. For college units, please indicate if semester or guarter units.

Section II – Training. Indicate all certification courses and/or emergency medical training you have successfully completed by marking "yes" or "no."

Signature – Your signature and the date signed is required. If the Application is not signed, it may be rejected and/or may result in your missing the final filing date for this application.

Section III – Firefighting Experience. You must include a complete list of your paid and/or volunteer firefighting work experience for the categories of: A.) CDF firefighting experience, B.) full-time non-CDF firefighting experience, and C.) paid call, volunteer, and/or reserve firefighting experience. List all firefighting jobs, regardless of duration, in the appropriate section(s) on the application.

Section IV – **Non-Firefighting Experience**. You must include a complete list of your paid and/or volunteer non-firefighting experience for the categories of: A.) Public Safety experience, B.) Medical Care Provider experience, and/or C.) Trades/Industrial/Other experience. List all applicable information in the appropriate section(s) on the application.

State employees must list the specific departments for which they worked and indicate the specific civil service class title(s) held.

NOTE: Your completed Application and other related information submitted to CDF becomes confidential information and the property of the State of California as provided by Government Code Section 18934. This application and other confidential information **will not be returned**; therefore, we recommend that you keep a copy of your completed Application for your personal records.

Discrimination on the basis of race, color, creed, national origin, ancestry, sex, marital status, disability, religious our political affiliation, age, or sexual orientation is prohibited.

PLEASE ENTER YOUR NAME ON PAGES 1 THROUGH 5 AND STAPLE ALL PAGES OF THE APPLICATION TOGETHER BEFORE SUBMITTING!