

**South Santa Clara County Fire District  
Volunteer Firefighter Pre-Employment Handout and Application**

**South Santa Clara County Fire District  
Volunteer Firefighter Application**

Name of Applicant: \_\_\_\_\_ Station: \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Social Security Number: \_\_\_\_\_

DRIVER'S LICENSE – Do you have a valid California Driver's License? Yes  No   
(Check box at right)

CDL/CA ID# \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Class: \_\_\_\_\_

Restrictions: \_\_\_\_\_

EMPLOYMENT ELIGIBILITY – In accordance with Federal requirements, can you provide proof of U. S. citizenship or legal right to work in the United States? Yes  No

DISTRICT EMPLOYMENT – Are you now or have you ever been employed by SSCCFD? If YES, give position(s) and date(s): Yes  No

RELATIVES WITH THE DISTRICT – Are you related by blood or marriage to any person(s) presently employed by the District? Yes  No

CONVICTIONS AND PENALTIES – Have you ever been convicted of a felony? If YES, list dates, and penalties. Convictions will not necessary disqualify an applicant. (Attach additional sheet if necessary.) Yes  No

EMPLOYMENT DISMISSALS – Have you ever been discharged from any employment or forced to resign? If YES, give details. (Attach additional sheet if necessary.) Yes  No

DO YOU REQUIRE SPECIAL TESTING ARRANGEMENTS BECAUSE OF DISABILITY? Yes  No

**EDUCATION AND TRAINING**

Check one box  Graduated from High School  Passed GED or Equivalency Test

NAME AND LOCATION OF COLLEGE OR UNIVERSITY	MAJOR SUBJECT	SEMESTER UNITS	QUARTER UNITS	DEGREE RECEIVED	DID YOU GRADUATE?

CALIFORNIA PROFESSIONAL REGISTRATION, LICENSES, CERTIFICATES	NUMBER & ISSUING AGENCY	EXPIRATION DATE

Languages spoken or written other than English:

_____	Written:	Fluent <input type="checkbox"/>	Good <input type="checkbox"/>	Fair <input type="checkbox"/>
_____	Spoken:	Fluent <input type="checkbox"/>	Good <input type="checkbox"/>	Fair <input type="checkbox"/>

Place of Employment and Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Firefighting Experience: \_\_\_\_\_

Character Reference:

	Name	Address	Phone
1.	_____	_____	_____
2.	_____	_____	_____

**READ THIS STATEMENT BEFORE SIGNING:** My signature certifies that all information on this application is true, including that regarding my education and experience. I understand and agree that any misstatements or omissions of material fact herein will cause forfeiture on my part of all rights of volunteering with South Santa Clara County Fire District. I authorize staff to make inquiry of any employment herein named, or of any person having information regarding my job performance and ability. Some positions may be subject to Criminal History Background Checks and Drug and Alcohol Testing.

_____	Applicant's Signature	_____	Date
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_____	Approved	_____	Date	_____	Volunteer Chief's Signature
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_____	Approved	_____	Date	_____	Station FC/FAE Signature
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_____	Approved	_____	Date	_____	Battalion Chief's Signature
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_____	Approved	_____	Date	_____	Division Chief's Signature
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*\*This application for Volunteer Firefighter use only  
11.2017*