



TIBURON FIRE PROTECTION DISTRICT  
1679 TIBURON BLVD, TIBURON, CA 94920  
[www.tiburonfire.org](http://www.tiburonfire.org)

## 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.

CA EMT-P License	<b><u>APPLICANT: do NOT check boxes - FOR TFPD USE ONLY</u></b>
CPAT	
H.S. or EQUIVALENT	
CA DL	
CPR Certification	Accredited Firefighter 1 Academy or CSFM Firefighter 1 Certification

<b>NAME:</b>			
_____	_____	_____	
LAST	FIRST	MIDDLE	
<b>STREET ADDRESS:</b>			
_____	_____	_____	_____
NUMBER & STREET	CITY	STATE	ZIP

<b>CONTACT INFORMATION:</b>	
_____	_____
CELL PHONE	EMAIL
What is the best method to contact you?	

**EDUCATION:** List relevant educational experience. Use an additional sheet if necessary.

\_\_\_\_\_  
HIGH SCHOOL

\_\_\_\_\_  
YEAR GRADUATED

\_\_\_\_\_  
NUMBER & STREET

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

If you did not graduate from high school, did you earn 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 employer.

\_\_\_\_\_  
EMPLOYER

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
NUMBER & STREET

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
SUPERVISOR

\_\_\_\_\_  
YOUR JOB TITLE/POSITION

\_\_\_\_\_  
START DATE

\_\_\_\_\_  
END DATE

\_\_\_\_\_  
REASON FOR LEAVING

May we contact this employer for a reference?

**LANGUAGE:** Are you fluent in any language(s) other than English?

If yes, please specify:

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:

*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 persons not related to you who have knowledge of your work performance during the last four years:

\_\_\_\_\_  
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
- Valid CPAT
- High School Diploma or equivalent
- Valid CA Driver License
- Valid CPR Certification
- Accredited Firefighter 1 Academy or CSFM Firefighter 1 Certification

**TRAINING:** Please list additional certifications, training, licenses & experience you have relevant to the position (do not include of certifications & licenses other than those listed under "Minimum Qualifications" above & on the flyer).

**RELEASE**

**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 completed this document. I understand that any omission or misstatement of material fact on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed since discovery.

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE