

Hughson Fire Protection District

2316 3rd Street

Hughson, California 95326

Phone (209) 883-2863 – Fax (209) 883-2362

Dear Applicant:

Qualified candidates are welcome to apply for a position within our district. Enclosed in this packet you will find an application and release of information form. Below is a list of minimum qualifications to apply for a Volunteer Firefighter position. Thank you for your interest in the Hughson Fire Protection District.

Position Information

Under general supervision, performs all duties required to effectively respond to emergency fire suppression, basic life support medical situations, and other non-emergency situations. Performs various staff support task and related work as assigned. A tone/voice paging system is used to notify the personnel of emergency situations.

Minimum Qualifications

- Must possess a High School Diploma or G.E.D. Certificate.
- Must possess a valid California Driver's License.
- Must be a minimum of 18 years old (at time of appointment)
- Must possess strength and stamina to lift and carry equipment and patients and be able to wear a self-contained breathing apparatus.

The Selection Process

- Application: Use only an official Hughson Fire Protection District application form and release of information form. It MUST be completed in full. A DMV printout must be obtained and submitted with the application. Incomplete applications will be grounds for rejection and cannot be revised after being filed. Resumes may be attached as additional information only.
- Oral Board Examination: Pass/Fail – Candidates who submit a properly complete application and meet the minimum qualifications as stated above, will be scheduled for an oral board examination.
- Background Examination: Pass/Fail – Candidates who successfully pass the oral board examination will be scheduled for a confidential background check.
- Medical Examination: Pass/Fail – Candidates who successfully pass the background check will be given a medical exam packet. From date of receipt the candidate will have two weeks to schedule an appointment. Failure to schedule the appointment in the allotted time will result in the candidate being removed from the selection process. This will include a drug screen, administered by the Sutter Gould Medical Group, 600 Coffee Road. Vision requirements are 20/100 uncorrected; 20/30 corrected. Color blindness will be grounds for rejection.

HUGHSON FIRE PROTECTION DISTRICT



2316 3rd Street
 Hughson, CA 95326
 (209) 883-2863



**APPLICATION FOR VOLUNTEER EMPLOYMENT
 HUGHSON FIRE PROTECTION DISTRICT
 EQUAL OPPORTUNITY EMPLOYER**

INSTRUCTIONS:

- a. Please answer **ALL** questions.
- b. Please complete **FILLABLE PDF**, print and sign.

BRING OR EMAIL SIGNED APP TO:

Hughson Fire Department
 2316 3rd Street, Hughson, California 95326
 sberner@hughsonfire.com

<p>1. Name: _____ (Last) (First) (Middle)</p> <p>Street Address: _____ (Street)</p> <p>Mail Address (if different) _____ (P.O. Box or alternate address)</p> <p>_____ (City) (State) (Zip Code)</p>	<p>2. Position Applied For: _____</p> <hr/> <p>3. Home Phone _____ Office Phone _____ Cell Phone _____ Email _____</p> <hr/> <p>4. Date of Birth (Note: Please indicate only if the position announcement contains an age limitation). _____</p>																				
<p>5. EDUCATION: Please be complete to allow an accurate appraisal of your qualifications.</p>	<p>Do you have a High School Diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No GED Certificate? <input type="checkbox"/> Yes</p>																				
<p>Name & Location of Colleges or Universities attended:</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">From:</th> <th style="width: 25%;">To:</th> <th style="width: 25%;">Major:</th> <th style="width: 25%;">Units:</th> <th style="width: 25%;">Degree:</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td><input type="checkbox"/> Sem <input type="checkbox"/> Qtr _____</td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td><input type="checkbox"/> Sem <input type="checkbox"/> Qtr _____</td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td><input type="checkbox"/> Sem <input type="checkbox"/> Qtr _____</td> <td> </td> </tr> </tbody> </table>	From:	To:	Major:	Units:	Degree:				<input type="checkbox"/> Sem <input type="checkbox"/> Qtr _____					<input type="checkbox"/> Sem <input type="checkbox"/> Qtr _____					<input type="checkbox"/> Sem <input type="checkbox"/> Qtr _____	
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<p>Vocational, business, trade, or correspondence schools:</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">From:</th> <th style="width: 25%;">To:</th> <th style="width: 25%;">Major:</th> <th style="width: 25%;">Degree/Certificate:</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	From:	To:	Major:	Degree/Certificate:																
From:	To:	Major:	Degree/Certificate:																		
<p>6. Languages spoken/written other than English _____ Spoken: <input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair Written: <input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair</p>																					
<p>7. Please indicate licenses/certificates you currently hold: <input type="checkbox"/> Standard 1st Aid Exp. Date: _____ <input type="checkbox"/> Advanced 1st Aid Exp. Date: _____ <input type="checkbox"/> EMT Exp. Date: _____ <input type="checkbox"/> EMTP Exp. Date: _____ <input type="checkbox"/> 1st Responder Exp. Date: _____ <input type="checkbox"/> CPR Exp. Date: _____ <input type="checkbox"/> Valid Calif. Driver's License No. _____ Class _____ Has it ever been suspended? <input type="checkbox"/> No <input type="checkbox"/> Yes. If yes, explain in box 12 below. Other Licenses/Certificates _____</p>																					
<p>8. Check each type of work you will accept: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Pt. Time/ <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Weekend <input type="checkbox"/> Shift <input type="checkbox"/> Holiday</p>																					
<p>9. If hired, can you provide the necessary documents to verify that you are authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																					
<p>10. If required for the position, will you submit to: Fingerprinting <input type="checkbox"/> Yes <input type="checkbox"/> No; Background Check <input type="checkbox"/> Yes <input type="checkbox"/> No; Drug Test <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																					
<p>11. Have you ever been convicted, served a jail sentence or been placed on probation after committing a felony or misdemeanor? If yes, give details in space provided below. Noting prior conviction will not necessarily exclude applicant from being hired. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>12. Use this space or a separate page to add any job related information to aid in considering your qualifications.</p>																				

EXPERIENCE: (Paid and Volunteer) It is very important that you present an accurate picture of how your experience qualifies you for employment. Starting with your most recent position, list **all** experience. Use additional sheet if necessary. Your qualifications will be initially determined based on this application. Resumes will not be accepted in lieu of a completed application. **Please be complete and specific to avoid disqualification.**

From: _____ / _____ Mo. Yr.	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	Employer's Name _____
To: _____ / _____ Mo. Yr.	Hrs. Per Wk _____	Address _____
		Position Title _____

Duties: _____

 Reason for Leaving _____

From: _____ / _____ Mo. Yr.	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	Employer's Name _____
To: _____ / _____ Mo. Yr.	Hrs. Per Wk _____	Address _____
		Position Title _____

Duties: _____

 Reason for Leaving _____

From: _____ / _____ Mo. Yr.	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	Employer's Name _____
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		Position Title _____

Duties: _____

 Reason for Leaving _____

From: _____ / _____ Mo. Yr.	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	Employer's Name _____
To: _____ / _____ Mo. Yr.	Hrs. Per Wk _____	Address _____
		Position Title _____

Duties: _____

 Reason for Leaving _____

REFERENCES: Please include name, address, phone and title or association to you

1. _____
2. _____
3. _____

VOLUNTEER FIREFIGHTER APPLICANTS ONLY: (An application must be re-submitted every 12 months to remain active)

1. Type of vehicle owned _____ Year _____ License # _____
2. Are you able to leave your job for emergency calls? Yes No
3. How many miles are you from the Hughson Fire Station? Live _____ miles from station # _____ Work _____ miles from station # _____
4. Will you be able to attend training regularly, which may be as much as 240 hours per year? Yes No

Applicant Certification: PLEASE READ BEFORE SIGNING. I CERTIFY that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief. I understand that statements made are subject to verification and that any misrepresentation, fraud, or omission of material facts may result in denial for District employment or used for disciplinary action, including dismissal, after employment.

I hereby authorize representatives of the Hughson Fire Protection District to contact (unless otherwise noted in Section 12) organizations (including employers and schools) and individuals listed for the purpose of verifying, work history, and work habits in connection with this application for District employment. I understand and acknowledge that such information will be used confidentially, and for the purposes of employment decisions only. It will not become part of my personnel records Once I am employed and will not be available for review by me.

Date

Signature of Applicant



EMPLOYER PULL NOTICE PROGRAM

AUTHORIZATION FOR RELEASE OF DRIVER RECORD INFORMATION

SECTION 1 — DRIVER INFORMATION

I, _____, California Driver License Number, _____, hereby authorize the California Department of Motor Vehicles (DMV) to disclose or otherwise make available, my driving record, to my employer, Hughson Fire Protection District

COMPANY NAME

I understand that my employer may enroll me in the Employer Pull Notice (EPN) program to receive a driver record report at least once every twelve (12) months or when any subsequent conviction, failure to appear, accident, driver's license suspension, revocation, or any other action is taken against my driving privilege during my employment.

I am not driving in a capacity that requires mandatory enrollment in the EPN program pursuant to California Vehicle Code (CVC) §1808.1(k). I understand that enrollment in the EPN program is in an effort to promote driver safety, and that my driver license report will be released to my employer to determine my eligibility as a licensed driver for my employment.

Table with columns: EXECUTED AT: CITY, COUNTY, STATE; DATE, SIGNATURE OF EMPLOYEE. Values: Hughson, Stanislaus, Ca, X

SECTION 2 — AUTHORIZED REPRESENTATIVE CERTIFICATION

I, Scott Berner, of Hughson Fire Protection District

AUTHORIZED REPRESENTATIVE

COMPANY NAME

do hereby certify under penalty of perjury under the laws in the State of California, that I am an authorized representative of this company, that the information entered on this document is true and correct, to the best of my knowledge and that I am requesting driver record information on the above individual to verify the information as provided by said individual.

Table with columns: EXECUTED AT: CITY, COUNTY, STATE; DATE, SIGNATURE AND TITLE OF AUTHORIZED REPRESENTATIVE. Values: Hughson, Stanislaus, Ca, X

To obtain a driver record on a prospective employee you may submit an INF 1119 form. To add this driver to the EPN Program you must submit the applicable forms: INF 1100, INF 1102, INF 1103, INF 1103A form. You may obtain forms at our website at dmv.ca.gov/otherservices, or by calling 916-657-6346.

PLEASE RETAIN AT THE EMPLOYER'S PRINCIPAL PLACE OF BUSINESS AND MAKE AVAILABLE UPON REQUEST TO DMV STAFF.

DO NOT RETURN THIS FORM TO DMV.

ATTACHMENT TO APPLICATION:

I, _____ give permission to the Hughson Fire Protection District to check my background through the Criminal Justice System and also my driving record through the Department of Motor Vehicles. I fully understand that this information will only be used for the purpose of appointment to the Hughson Fire Department. I also understand that no information obtained through this background check will be made public, that all or any part of my information will be held in a confidential and secured manner.

SIGNATURE

DATE

WITNESS

DATE