

Blue Lake Fire Protection District

P.O. BOX 245 BLUE LAKE, CALIFORNIA 95525

Please provide at least one (1) emergency contact.

1. _____
Name Phone Relationship

Street Address City State Zip Code

2. _____
Name Phone Relationship

Street Address City State Zip Code

3. _____
Name Phone Relationship

Street Address City State Zip Code

References

1. _____
Name Address / City / State / Zip Phone

2. _____
Name Address / City / State / Zip Phone

Applicant's Certification and Release

All written and expressed statements on this application are in fact true to the best of my knowledge. I understand that falsification of information is grounds for disqualification. I authorize the Blue Lake Fire Protection District, and any of its agents to verify any information on this application and I authorize release of such information. I release the Blue Lake Fire Protection District from any liability for seeking such information. I agree to faithfully execute the duties of a volunteer firefighter and abide by the laws, regulations, procedures, policies, of the Blue Lake Fire Protection District.

By signing, you have agreed to the terms and conditions of this application.

Applicant Signature _____ Date _____

DO NOT WRITE BELOW THIS LINE

Interviewed by _____

Medical Screen _____
Date _____

Background _____
Date _____

Fingerprinted _____
Date _____



BLUE LAKE VOLUNTEER FIRE DEPARTMENT

P.O. Box 245, Blue Lake, CA 95525

APPLICATION FOR PROBATIONARY MEMBERSHIP

DATE: _____ VOTING DATE: _____

NAME: _____ Age: _____ SEX: _____

ADDRESS: _____ Phone: _____

CITY, STATE, ZIP: _____

CDL: _____ Birthdate: _____

Occupation: _____ Work Phone: _____

List any medical problems (handicaps, disabling injuries, allergies, etc.):

As a probationary member of the Blue Lake Volunteer Fire Department, I have read and understood the sections of the By Laws (Article 1, sections 3 and 4, Article 4, section 1) that apply to probationary firefighter and do agree to abide by them and the instructions of the Chief, Asst. Chiefs and drill instructors and to make myself available to the Membership Committee when it meets to consider this application. In addition, I will attend all regularly scheduled drills unless prevented by job, sickness, or other wise excused by the Fire Chief. I understand that attendance at drills is the most important priority for probationary firefighter and that unexcused absences will result in makeup assignments assigned by the Chief.

Signature: _____ Date: _____

SPONSERS

Name: _____

Name: _____

Name: _____

We, the above-signed firefighters, recommend that _____ be accepted as a probationary member of the Blue Lake Volunteer Fire Department. We vouch for his/her good character, will assist in his/her instruction, and will attend the Membership Committee meetings that will review his/her application and progress.

MEDICAL REQUIREMENT FOR NEW VOLUNTEERS

Ask for Yolanda

Respirator Exam (spirometer test)

Basic exam

TB test

Hepatitis B (you may refuse this vaccination with a signed statement)

You will be told when it is time to set up your appointment, do not set your appointment until it is authorized by the Chief.

Contact Mad River Occupational Health 707-825-4907 to set up your appointment, tell them that you are with BLFD for billing purposes.

Have them email or USPS mail the results to

Blue Lake Fire Department

bluelakefire@gmail.com

PO Box 245 Blue Lake CA 95525

Blue Lake Fire Protection District

P.O. BOX 245 BLUE LAKE, CALIFORNIA 95525

DRUG SCREEN AUTHORIZATION AND CONSENT

I hereby authorize and give full permission to have Blue Lake Fire Protection District and/or their agents request a specimen of my urine and/or blood for a screening test using common standards for the presence of illegal drugs, alcohol, cannabis or prescription medication taken without a prescription. I will hold all parties involved harmless, meaning I will not send or hold them responsible for an alleged harm to me or interfering with my obtaining a job or continuing employment as a result of not submitting to the test or as a result of the determination of the testing. This includes, but not limited to, any possible clerical or laboratory errors.

Blue Lake Fire Protection District Substance Abuse Policy and this Authorization and Consent Form has been explained to me in a language I understand. In addition, I understand my Authorization and Consent is legal and binding because Blue Lake Fire Protection District is both sending me for the examination and paying for the examination.

I UNDERSTAND BLUE LAKE FIRE PROTECTION DISTRICT WILL REQUIRE A DRUG SCREEN TEST WHENEVER AN ON THE JOB ACCIDENT OR INJURY IS REPORTED IN ACCORDANCE WITH BLUE LAKE FIRE PROTECTION DISTRICTS' SUBSTANCE ABUSE POLICY. MY REFUSAL TO SUBMIT TO DRUG TESTING WILL BE GROUNDS FOR TERMINATION.

Signature of Applicant

Date

RELEASE OF CRIMINAL RECORDS & SOCIAL SECURITY VERIFICATION

I, the undersigned, do hereby authorize Blue Lake Fire Protection District and/or its agents to examine any and all criminal records and arrests on file in the State of California or any other state. I understand I am waiving my right of confidentiality concerning my criminal history. I also authorize the verification of my Social Security Number with the Social Security Administration. This release gives full authorization to conduct a comprehensive review of my background.

Executed at Blue Lake, California on the (date) _____

Signature

Expiration date

Driver's License Number

Printed Name

Date of Birth

Social Security Number

Full Address: _____



PHYSICIANS' MEDICAL CLEARANCE FOR VOLUNTEER EMERGENCY RESPONDERS

Candidate Name _____

Fire Department _____

Firefighting and emergency medical response remain one of the most dangerous occupations in the United States. Research has repeatedly shown the need for high levels of fitness to perform safely in the fire rescue service. The individual's long hours, shift work, sporadic high intensity work, strong emotional involvement, and exposure to human suffering places the job among the most stressful occupations in the world. High levels of stress, intense physical demands, and long term exposure to chemicals and infectious disease contribute to heart disease, lung disease, and cancer – the three leading causes of death and occupational disease disability.

Each Physician will be asked to attest to the candidate passing a physical for a potential Volunteer Emergency Responder position. This information is based on the National Fire Protection Association (NFPA) Standard 1582: Standard on Comprehensive Occupational Medical Program for Fire Departments.

Medical Evaluation

1. A medical evaluation of a candidate shall be conducted prior to the candidate being placed in training programs or fire department emergency response activities.
2. The medical evaluation of a candidate shall include a medical history, examination, and any laboratory tests required at the discretion of the fire department's physician to detect physical or medical condition(s) that could adversely affect his/her ability to safely perform the essential job tasks outlined in 5.1.1.
3. If a candidate presents with a condition that temporarily interferes with his/her ability to safely perform essential job tasks, the pre-placement medical evaluation shall be postponed until the candidate has recovered from that condition.

Medical Exam Components Provided by the Department's Occupational Healthcare Provider for Pre-Employment Physicals

1. Health Questionnaire and OSHA Respiratory Questionnaire
2. Drug Screening (pre-employment only)
3. Immunizations
 - Screening for protection against Hepatitis-A, Hepatitis-B, Hepatitis-C, polio, HIV, measles, mumps, rubella, tuberculosis, tetanus/diphtheria, and chicken pox (Varicella) will be performed for all pre-employment exams. These screenings and needed boosters/titers will be conducted and administered as needed.
 - Influenza vaccinations are provided annually.
4. Hands-On Physical
 - Vital Signs
 - Blood Pressure
 - Pulse
 - Respiratory Rate
 - Temperature
 - Height/Weight
 - Head, Eyes, Ears, Nose, & Throat
 - Vision Screening
 - Color Assessment
 - Distance Assessment
 - Near-Vision Assessment
 - Audiology Screening
 - Hearing Test (500-1000-2000-3000-4000-6000-8000Hz)
 - Neck
 - General Evaluation
 - Musculoskeletal
 - General Range-of-Motion Evaluation
 - Skin Exam
 - Cancer Screening
 - Body Composition
 - Additional Components for Hazardous Materials Team Members and/or Technicians:
 - Acetylcholinesterase Screening

The scope of the remaining tests shall be determined by the fire department physician after reviewing the Hands-On Physical, and type and severity of any condition.

- Cardiovascular
 - Chest X-Ray
 - EKG

- Pulmonary
 - Pulmonary Function Test (Spirometry)
 - Gastrointestinal
 - General Evaluation
 - Genitourinary
 - Men: Testicular & Hernia Evaluation
 - Evaluation & Prostate-Specific Antigen (PSA) tests required for all males
 - Women: Pap-Smear, Clinical Breast Exam, Mammography
 - Required for all females
 - Rectal
 - Digital Rectal Exam
 - Fecal Occult Blood Testing
 - Lymph Nodes
 - Neurological
 - Mental Status Exam
 - Cranial & Peripheral Nerves
 - Motor
 - Sensory
 - Reflexes
5. Laboratory Testing: Urinalysis, Complete Blood Count, Chemistry Metabolic, Lipid Profile (all).
 The blood analysis or urinalysis is not intended and will not be used for drug use screening at any time.
- White Blood Cell Count with differential
 - Red Blood Cell Count (hematocrit)
 - Platelet Count
 - Liver Function Test
 - Triglycerides
 - Glucose
 - Creatinine
 - Sodium
 - Potassium
 - Carbon Dioxide
 - Total Protein
 - Albumin
 - Calcium
 - Cholesterol
 - Aerobic/Cardiopulmonary Testing (Stress Test)
 - Required for at-risk individuals and individuals over age 40.
 - Follow-Up/Referral
 - Annual physical exam results will be forwarded to you and/or your primary care provider (PCP).
 - You will complete a HIPAA Release in order to release the results to you and/or your PCP.
 - Data Collection
 - The HIPAA Release will also authorize the release of some medical component data points for data collection and reporting. The data will not have any identifiers (name, date of birth, Social Security Number, etc.); the data will only be raw data used for research and data reporting.

PHYSICIANS' NAME _____

DATE _____

PHYSICIANS' SIGNATURE _____

VOLUNTEER RESULTS PASS FAIL

TOTAL COST TO DEPARTMENT OF PHYSICAL \$ _____

FIRE CHIEF NAME _____

FIRE DEPARTMENT _____



Instructions to the Applicant

- The information you provide in this Personal History Statement will be used in the background investigation to assist in determining your suitability for the position of **Volunteer Firefighter**.
- Type or neatly print, in ink, responses to all items and questions. If a question does not apply to you, write "N/A" (not applicable) in the space provided for your response. If you cannot obtain or remember certain information, indicate so in your response.
- If you need more space for any response, use the last page of this form (page 24) and identify the additional information by the question number.

Disqualification

There are very few *automatic* bases for rejection. Even issues of prior misconduct, such as prior illegal drug use, driving under the influence, theft or even arrest or conviction are usually not, in and of themselves, automatically disqualifying. However, *deliberate misstatements or omissions* can and often will result in your application being rejected, regardless of the nature or reason for the misstatements/omissions. In fact, the number one reason individuals "fail" background investigations is because they attempt to deliberately withhold or misrepresent job-relevant information from their prospective employer.

BOTTOM LINE: Be as complete, honest and specific as possible in your responses.

Disclosure of Medically-Related Information

In accordance with the U.S. Americans with Disabilities Act and the California Fair Employment and Housing Act, at this stage of the hiring process applicants are not expected or required to reveal any medical or other disability-related information about themselves in response to questions on this form, or to any other inquiry made prior to receiving a conditional offer of employment.

PERSONAL HISTORY STATEMENT - VOLUNTEER FIREFIGHTER

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SECTION 1: PERSONAL

1. YOUR FULL NAME			
LAST	FIRST	MIDDLE	
2. OTHER NAMES, INCLUDING NICKNAMES, YOU HAVE USED OR BEEN KNOWN BY			
3. ADDRESS WHERE YOU RESIDE			
NUMBER / STREET		APT / UNIT	
CITY	STATE	ZIP	
4. MAILING ADDRESS, IF DIFFERENT FROM ABOVE			
5. CONTACT NUMBERS			
HOME ()	WORK ()	EXT	OTHER () <input type="checkbox"/> CELL <input type="checkbox"/> FAX <input type="checkbox"/> PAGER
6. EMAIL ADDRESS			
HOME		BUSINESS	
7. Are you legally authorized for permanent employment in the United States?..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, explain fully:			
8. BIRTH PLACE (CITY / COUNTY / STATE / COUNTRY)			9. BIRTHDATE
			10. SOCIAL SECURITY NUMBER - - -
11. DRIVER'S LICENSE		12. PHYSICAL DESCRIPTION	
NO.	STATE	EXP DATE	HEIGHT WEIGHT HAIR COLOR EYE COLOR

SECTION 2: RELATIVES AND REFERENCES

13. IMMEDIATE FAMILY

- Provide all applicable information in the spaces below.
- Mark "N/A" if a category is not applicable or if the individual is deceased.
- If more space is needed, continue your response on page 24.

<input type="checkbox"/> N/A	A. Father			
NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
WORK PHONE ()	CELL PHONE ()	EMAIL		

<input type="checkbox"/> N/A	B. Step-father			
NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
WORK PHONE ()	CELL PHONE ()	EMAIL		

<input type="checkbox"/> N/A	C. Mother			
NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
WORK PHONE ()	CELL PHONE ()	EMAIL		

Initial this page to indicate that you have provided complete and accurate information: _____

PERSONAL HISTORY STATEMENT – VOLUNTEER FIREFIGHTER

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SECTION 2: RELATIVES AND REFERENCES *continued*13. IMMEDIATE FAMILY *continued*

<input type="checkbox"/> N/A	D. Step-mother				
NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP	
HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP	
WORK PHONE ()	CELL PHONE ()	EMAIL			

<input type="checkbox"/> N/A	E. Spouse / Registered Domestic Partner				
NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP	
HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP	
WORK PHONE ()	CELL PHONE ()	EMAIL			
YEARS OF MARRIAGE	Is there, or has there been, a restraining or stay-away order in effect for this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No				

<input type="checkbox"/> N/A	F. Father-in-law				
NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP	
HOME PHONE ()	WORK ADDRESS (NUMBER / STREET)	(CITY)	(STATE / ZIP)		
WORK PHONE ()	CELL PHONE ()	EMAIL			

<input type="checkbox"/> N/A	G. Mother-in-law				
NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP	
HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP	
WORK PHONE ()	CELL PHONE ()	EMAIL			

<input type="checkbox"/> N/A	H. Former Spouse(s) / Former Registered Domestic Partner(s)				
NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP	
HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP	
WORK PHONE ()	CELL PHONE ()	EMAIL			
YEAR OF DISSOLUTION	Is there, or has there been, a restraining or stay-away order in effect for this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No				

NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP	
HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP	
WORK PHONE ()	CELL PHONE ()	EMAIL			
YEAR OF DISSOLUTION	Is there, or has there been, a restraining or stay-away order in effect for this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Initial this page to indicate that you have provided complete and accurate information: _____

PERSONAL HISTORY STATEMENT – VOLUNTEER FIREFIGHTER

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SECTION 2: RELATIVES AND REFERENCES *continued*

13. IMMEDIATE FAMILY *continued*

<input type="checkbox"/> N/A	I. Brothers and Sisters – list all living siblings, including half-siblings, step-siblings, foster siblings, etc.				
1) NAME		HOMEADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
<input type="checkbox"/> M	HOME PHONE ()	WORKADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
<input type="checkbox"/> F					
<input type="checkbox"/> UNDER AGE 18	WORK PHONE ()	CELL PHONE ()	EMAIL		
2) NAME		HOMEADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
<input type="checkbox"/> M	HOME PHONE ()	WORKADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
<input type="checkbox"/> F					
<input type="checkbox"/> UNDER AGE 18	WORK PHONE ()	CELL PHONE ()	EMAIL		
3) NAME		HOMEADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
<input type="checkbox"/> M	HOME PHONE ()	WORKADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
<input type="checkbox"/> F					
<input type="checkbox"/> UNDER AGE 18	WORK PHONE ()	CELL PHONE ()	EMAIL		
4) NAME		HOMEADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
<input type="checkbox"/> M	HOME PHONE ()	WORKADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
<input type="checkbox"/> F					
<input type="checkbox"/> UNDER AGE 18	WORK PHONE ()	CELL PHONE ()	EMAIL		
5) NAME		HOMEADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
<input type="checkbox"/> M	HOME PHONE ()	WORKADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
<input type="checkbox"/> F					
<input type="checkbox"/> UNDER AGE 18	WORK PHONE ()	CELL PHONE ()	EMAIL		
6) NAME		HOMEADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
<input type="checkbox"/> M	HOME PHONE ()	WORKADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
<input type="checkbox"/> F					
<input type="checkbox"/> UNDER AGE 18	WORK PHONE ()	CELL PHONE ()	EMAIL		

<input type="checkbox"/> N/A	J. Children				
List all of your living children, including natural, adopted, step, and/or foster care. Include any other children who reside with you. Provide the name and contact information of the custodial parent or guardian, if other than you.					
1) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
<input type="checkbox"/> M	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
<input type="checkbox"/> F					
		CONTACT NUMBER ()	EMAIL		
2) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
<input type="checkbox"/> M	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
<input type="checkbox"/> F					
		CONTACT NUMBER ()	EMAIL		

Initial this page to indicate that you have provided complete and accurate information: _____

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SECTION 2: RELATIVES AND REFERENCES *continued*

13. IMMEDIATE FAMILY (Section J. Children) *continued*

3) NAME <input type="checkbox"/> M <input type="checkbox"/> F	CHILD'S AGE _____	CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU) ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP CONTACT NUMBER () EMAIL
4) NAME <input type="checkbox"/> M <input type="checkbox"/> F	CHILD'S AGE _____	CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU) ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP CONTACT NUMBER () EMAIL
5) NAME <input type="checkbox"/> M <input type="checkbox"/> F	CHILD'S AGE _____	CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU) ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP CONTACT NUMBER () EMAIL
6) NAME <input type="checkbox"/> M <input type="checkbox"/> F	CHILD'S AGE _____	CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU) ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP CONTACT NUMBER () EMAIL

14. REFERENCES

List 5-7 people who know you well, such as social and family friends, co-workers, military acquaintances. Do not include relatives, employers or housemates, or other individuals listed elsewhere.

A) NAME <input type="checkbox"/> M <input type="checkbox"/> F	HOME PHONE () WORK PHONE ()	HOME ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP WORK ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP CELL PHONE () EMAIL HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER) HOW LONG HAVE YOU KNOWN THIS PERSON?
B) NAME <input type="checkbox"/> M <input type="checkbox"/> F	HOME PHONE () WORK PHONE ()	HOME ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP WORK ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP CELL PHONE () EMAIL HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER) HOW LONG HAVE YOU KNOWN THIS PERSON?
C) NAME <input type="checkbox"/> M <input type="checkbox"/> F	HOME PHONE () WORK PHONE ()	HOME ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP WORK ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP CELL PHONE () EMAIL HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER) HOW LONG HAVE YOU KNOWN THIS PERSON?

Initial this page to indicate that you have provided complete and accurate information: _____

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SECTION 2: RELATIVES AND REFERENCES *continued*

D) NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	

E) NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	

F) NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	

G) NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	

SECTION 3: EDUCATION

NOTE: You may be required to furnish transcripts or other proof to support all of your educational claims.

15. Do you have a high school diploma, GED, or California High School Proficiency Certificate? Yes No

16. List high schools attended:

A) NAME	FROM	TO	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No
CITY	STATE		

B) NAME	FROM	TO	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No
CITY	STATE		

17. List all colleges or universities attended:

A) NAME	FROM	TO	TOTAL UNITS EARNED	TYPE OF DEGREE EARNED
CITY	STATE			

Initial this page to indicate that you have provided complete and accurate information: _____

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SECTION 3: EDUCATION *continued*

17. List all colleges or universities attended *continued*

B) NAME	FROM	TO	TOTAL UNITS EARNED	TYPE OF DEGREE EARNED
CITY	STATE			
C) NAME	FROM	TO	TOTAL UNITS EARNED	TYPE OF DEGREE EARNED
CITY	STATE			

18. List any trade, vocational, or business schools/institutes attended:

A) NAME	FROM	TO	DID YOU COMPLETE THE COURSE?
TYPE OF SCHOOL OR TRAINING	CITY	STATE	<input type="checkbox"/> Yes <input type="checkbox"/> No
B) NAME	FROM	TO	DID YOU COMPLETE THE COURSE?
TYPE OF SCHOOL OR TRAINING	CITY	STATE	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) NAME	FROM	TO	DID YOU COMPLETE THE COURSE?
TYPE OF SCHOOL OR TRAINING	CITY	STATE	<input type="checkbox"/> Yes <input type="checkbox"/> No

19. Have you ever attended a Firefighter 1 Academy? Yes No
If yes, provide the following information:

A) TRAINING CENTER	FROM	TO	Did you complete the course? <input type="checkbox"/> Yes <input type="checkbox"/> No
LOCATION (CITY / STATE)			
B) TRAINING CENTER	FROM	TO	Did you complete the course? <input type="checkbox"/> Yes <input type="checkbox"/> No
LOCATION (CITY / STATE)			

20. Have you ever been placed on academic discipline, suspended, or expelled from any high school, college/university, business or trade school? Yes No

If yes, describe in detail below. Starting with high school, list any and all disciplinary actions received in any school or educational institution. Include when the disciplinary action occurred, name of school, and explanation of circumstances.

Initial this page to indicate that you have provided complete and accurate information: _____

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SECTION 4: RESIDENCE

21. LIST OF RESIDENCES

- List all residences during the last ten years or since age 15. Provide *complete* addresses (include markers such as Street, Drive, Road, East, West, etc., and unit or apartment number). Do not use P.O. Boxes.
- If the residence is a military base, identify name of base in address, nearest city, state and zip code. **DO NOT LIST** military barracks mates unless you shared individual quarters.
- If more space is needed continue on page 24.

A) ADDRESS WHERE YOU NOW LIVE (NUMBER / STREET / APT)			FROM	TO Present
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)			CONTACT NUMBER ()	
CITY	STATE	ZIP	EMAIL	
Names of those with whom you live:				

B) FORMER ADDRESS (NUMBER / STREET / APT)			FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)			CONTACT NUMBER ()	
CITY	STATE	ZIP	EMAIL	
Names of those with whom you lived:				
Reason for moving:				

C) FORMER ADDRESS (NUMBER / STREET / APT)			FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)			CONTACT NUMBER ()	
CITY	STATE	ZIP	EMAIL	
Names of those with whom you lived:				
Reason for moving:				

D) FORMER ADDRESS (NUMBER / STREET / APT)			FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)			CONTACT NUMBER ()	
CITY	STATE	ZIP	EMAIL	
Names of those with whom you lived:				
Reason for moving:				

Initial this page to indicate that you have provided complete and accurate information: _____

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SECTION 4: RESIDENCE *continued*

21. LIST OF RESIDENCES *continued*

E) FORMER ADDRESS (NUMBER / STREET / APT)			FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)			CONTACT NUMBER ()	
CITY	STATE	ZIP	EMAIL	
Names of those with whom you lived:				
Reason for moving:				

F) FORMER ADDRESS (NUMBER / STREET / APT)			FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)			CONTACT NUMBER ()	
CITY	STATE	ZIP	EMAIL	
Names of those with whom you lived:				
Reason for moving:				

G) FORMER ADDRESS (NUMBER / STREET / APT)			FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)			CONTACT NUMBER ()	
CITY	STATE	ZIP	EMAIL	
Names of those with whom you lived:				
Reason for moving:				

H) FORMER ADDRESS (NUMBER / STREET / APT)			FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)			CONTACT NUMBER ()	
CITY	STATE	ZIP	EMAIL	
Names of those with whom you lived:				
Reason for moving:				

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SECTION 5: EXPERIENCE AND EMPLOYMENT

25. JOB EXPERIENCE

- List **ALL** jobs you have had **within the past ten years**, including part-time, temporary, self-employment and volunteer. (Begin with your most current. If more space is needed continue your response on page 24.)
- If you have military experience, including reserve duty, enter your military base, assignments, or unit of assignment.
- List **ALL** periods of unemployment in **excess of 30 days**.

A) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR WANTING TO LEAVE	
Would there be a problem if we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, explain:			

B) PERIOD OF UNEMPLOYMENT				FROM	TO
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other					

C) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

D) PERIOD OF UNEMPLOYMENT				FROM	TO
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other					

E) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

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SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

25. JOB EXPERIENCE *continued*

F) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other	FROM	TO
--	------	----

G) NAME OF EMPLOYER OR MILITARY UNIT			FROM	TO
ADDRESS (NUMBER / STREET OR BASE)		SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT
JOB TITLE		EMAIL		
DUTIES / ASSIGNMENTS			<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)	REASON FOR LEAVING	

H) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other	FROM	TO
--	------	----

I) NAME OF EMPLOYER OR MILITARY UNIT			FROM	TO
ADDRESS (NUMBER / STREET OR BASE)		SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT
JOB TITLE		EMAIL		
DUTIES / ASSIGNMENTS			<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)	REASON FOR LEAVING	

J) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other	FROM	TO
--	------	----

K) NAME OF EMPLOYER OR MILITARY UNIT			FROM	TO
ADDRESS (NUMBER / STREET OR BASE)		SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT
JOB TITLE		EMAIL		
DUTIES / ASSIGNMENTS			<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)	REASON FOR LEAVING	

L) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other	FROM	TO
--	------	----

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SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

25. JOB EXPERIENCE *continued*

M) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

N) PERIOD OF UNEMPLOYMENT				FROM	TO
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other					

O) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

P) PERIOD OF UNEMPLOYMENT				FROM	TO
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other					

Q) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

26. Have you ever been disciplined at work? (This includes written warnings, formal letters of counseling, reprimands, suspensions, reductions in pay, reassignments or demotions).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
27. Have you ever been fired, released from probation, or asked to resign from any place of employment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
28. Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

29. Have you ever quit without giving proper notice?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
30. Have you ever resigned in lieu of termination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
31. Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate or customer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32. Were you ever the subject of a written complaint at work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
33. Have you ever been counseled at work due to lateness or absences?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
34. Did you ever receive an unsatisfactory performance review?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
35. Have you ever sold, released, or given away legally confidential information?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
36. Have you ever called in sick when you were neither sick nor caring for a sick family member?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes, how many sick days have you used in the past five years which were not due to illness?

If you answered yes to any of **Questions 26–36**, explain (include when, where and circumstances; indicate corresponding number):

.....

.....

.....

37. In the past three years, have you missed days or been late to work due to drug or alcohol consumption?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how often?		
38. Has your work performance ever been affected by your use of alcohol or drugs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
WHEN?	NAME OF EMPLOYER	
39. In the past three years, have you been warned by an employer about your drinking or drug habits and their impact on your performance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
WHEN?	NAME OF EMPLOYER	

40. Have you ever applied to any other fire agency (city, county, state or federal)?								<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> • If yes, list EVERY agency you have applied to, starting with the most recent (give complete and accurate addresses). • All agencies MUST be listed regardless of the outcome or current status. Check all boxes that apply for each agency. 									
A) NAME OF AGENCY						DATE APPLIED			
ADDRESS (NUMBER / STREET)					BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)				
CITY			STATE	ZIP	CONTACT NUMBER ()		EXT		
POSITION APPLIED FOR					EMAIL				
CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:									
STEPS: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's oral <input type="checkbox"/> Conditional job offer									
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified									

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SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

40. Have you ever applied to any other fire agency... *continued*

B) NAME OF AGENCY				DATE APPLIED	
ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
POSITION APPLIED FOR			EMAIL		
CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:					
STEPS: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's oral <input type="checkbox"/> Conditional job offer					
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified					

C) NAME OF AGENCY				DATE APPLIED	
ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
POSITION APPLIED FOR			EMAIL		
CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:					
STEPS: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's oral <input type="checkbox"/> Conditional job offer					
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified					

SECTION 6: MILITARY EXPERIENCE

41. Are you required to register for the Selective Service? Yes No
If yes, have you registered? Yes No
If no, explain:

42. BRANCH OF SERVICE	43. DATES OF SERVICE From To
44. TYPE OF DISCHARGE: <input type="checkbox"/> Entry Level <input type="checkbox"/> Honorable <input type="checkbox"/> General <input type="checkbox"/> OTH (Other than Honorable) <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable Re-entry Code (1-4) if applicable – refer to your DD-214:	
45. Are you currently participating in one of the following? <input type="checkbox"/> Military Reserve <input type="checkbox"/> National Guard If checked, date obligation ends:	
46. Have you ever been the subject of any judicial or non-judicial disciplinary action (such as, court martial, captain's mast, office hours, company punishment)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
47. Were you ever denied a security clearance, or had a clearance revoked, suspended or downgraded? <input type="checkbox"/> Yes <input type="checkbox"/> No	

If you answered yes to Questions 46 and/or 47, explain (include dates and circumstances):

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SECTION 7: FINANCIAL

48. INCOME AND EXPENSES

For each of the following questions fill in the amounts to the nearest dollar.

A) From your employer(s), what is your take-home monthly income? \$ _____ per month

B) Do you have income other than from your salary or wages? Yes No

If yes, fill in amount: \$ _____ per month

Explain:

C) How much do you spend each month? \$ _____ per month

Estimate your monthly living expenses; include housing, utilities, credit cards or other loan payments, food, gas and car maintenance, entertainment, etc., as well as any other obligation(s) you may have.

49. Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)? Yes No

50. Have any of your bills ever been turned over to a collection agency? Yes No

51. Have you ever had purchased goods repossessed? Yes No

52. Have your wages ever been garnished? Yes No

53. Have you ever been delinquent on income or other tax payments? Yes No

54. Have you ever failed to file income tax or cheated/lied on an income tax form? Yes No

55. Have you ever had an employment bond refused? Yes No

56. Have you ever avoided paying any lawful debt by moving away? Yes No

57. Have you ever defaulted on (failed to pay) a loan? Yes No

58. Have you ever borrowed money to pay for a gambling debt? Yes No
If yes, do you currently have any outstanding debts as a result of gambling? Yes No

59. Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase of fraudulent documents, etc.)? Yes No

60. Have you ever failed to make or been late on a court-ordered payment (e.g., child support, alimony, restitution, etc.)? Yes No

61. Have you written three or more bad checks in a one-year period? Yes No

If you answered yes to any of Questions 49–61, explain (include when, where, and why; indicate corresponding number):

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SECTION 8: LEGAL

Disclosure of Arrests and Convictions

If you are applying for a volunteer firefighter position at a non-criminal justice agency, you are not required to disclose arrests or detentions that did not result in a conviction. It is recommended that you consult with an attorney if you have any questions regarding disclosure.

62. Have you ever been convicted of (and, for criminal justice agency applicants, detained for investigation, held on suspicion, questioned, fingerprinted, arrested, indicted, or criminally charged with) any misdemeanor or felony offense in this state or any other legal jurisdiction (including offenses punishable under the Uniform Code of Military Justice)? Yes No

If yes, explain each incident. If more space is needed, continue on page 24

A) APPROXIMATE DATE		ARRESTING OR DETAINING AGENCY	
CHARGE			
DISPOSITION OR PENALTY			
B) APPROXIMATE DATE		ARRESTING OR DETAINING AGENCY	
CHARGE			
DISPOSITION OR PENALTY			
C) APPROXIMATE DATE		ARRESTING OR DETAINING AGENCY	
CHARGE			
DISPOSITION OR PENALTY			

63. Have you ever been placed on court probation as an adult? Yes No

64. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed as an adult? (You may answer "no" if your juvenile record has been sealed or expunged by the juvenile court.) Yes No

65. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)? Yes No

66. Have the police ever been called to your home for any reason? Yes No

67. Have you or your spouse/partner ever been referred to Child Protective Services? Yes No

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SECTION 8: LEGAL *continued*

- 68. Have you ever been the subject of an emergency protective order/restraining order/stay-away order? Yes No
- 69. Have you settled any civil suit in which you, your insurance company, or anyone else on your behalf was required to make payment to the other party? Yes No
- 70. Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance? Yes No
- 71. Have you ever filed a false insurance or workers' compensation claim? Yes No

If you answered yes to any of Questions 63–71, explain (include court case or document, dates, and circumstances; indicate corresponding number):

.....

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72. INVOLVEMENT IN CRIMINAL ACTS – PART 1

Within the past seven years have you ever committed any of the following misdemeanors? **NOTE: You may not withhold any information regarding your involvement in any of the following acts, even if federal or state law relieved you from reporting the detention, arrest, or conviction that arose from it.**

- A) Annoying / obscene phone calls Yes No
- B) Battery (use of force or violence upon another) Yes No
- C) Brandishing a weapon (any type of weapon) Yes No
- D) Carrying a concealed weapon without a permit Yes No
- E) Contributing to the delinquency of a minor Yes No
- F) Defrauding an innkeeper (not paying for food or room at a hotel/motel) Yes No
- G) Driving under the influence of alcohol and/or drugs Yes No
- H) Drunk in public (being so intoxicated in a public place that you're not able to care for yourself) Yes No
- I) Hit & run collision (no injuries) Yes No
- J) Hunting/fishing without a license Yes No
- K) Illegal gambling Yes No
- L) Impersonating a peace officer (pretending to be a police officer) Yes No
- M) Indecent exposure (including flashing or mooning) Yes No
- N) Joyriding (using a car or other vehicle without owner's permission) Yes No
- O) Petty theft (value up to \$950, including shoplifting/switching price tags) Yes No
- P) Possession of alcohol as a minor Yes No

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SECTION 8: LEGAL *continued*

72. INVOLVEMENT IN CRIMINAL ACTS – PART 1 *continued*

Q) Possession of falsified or altered identification, including use of another person's ID (for any reason)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
R) Possession of stolen property (including vehicles)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
S) Prostitution or soliciting a prostitute	<input type="checkbox"/> Yes	<input type="checkbox"/> No
T) Resisting arrest (including running from the police)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
U) Trespassing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
V) Vandalism (including "tagging," malicious mischief and/or property damage)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
W) Intentionally writing a bad check	<input type="checkbox"/> Yes	<input type="checkbox"/> No
X) Filing a false police report	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Y) Any other act amounting to a misdemeanor within the past seven years	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered yes to **any** item(s) in **Question 72**, fully explain circumstances, including date(s), names of individuals involved, and resolution. Indicate the corresponding letter (72-A, etc.) for each explanation.

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73. INVOLVEMENT IN CRIMINAL ACTS – PART 2

*At any time in your life have you **ever** committed any of the following? NOTE: You may **not** withhold any information regarding your involvement in any of the following acts, even if federal or state law relieved you from reporting the detention, arrest, or conviction that arose from it.*

A) Arson (intentionally destroying property by setting a fire)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B) Assault with a deadly weapon	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C) Theft of a vehicle and/or vehicle parts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D) Burglary (entering a structure or vehicle to commit theft or other crime)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
E) Childmolestation (performing unlawful acts with a child)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
F) Accessing and/or possessing child pornography	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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SECTION 8: LEGAL *continued*

Questions 74 and 75 ask about your current and past recreational drug use. This covers the use of **any** drug, including the unauthorized use of prescription drugs or over-the-counter drugs. Your answers should include, **but not be limited to**, your use of any of the following drugs:

- Amphetamines / Methamphetamines
(Uppers, Speed, Crank, etc)
- Barbiturates *(Downers)*
- Cocaine / Crack Cocaine
- Designer Drugs
(Ecstasy, Synthetic Heroin, etc.)
- GHB *(Date Rape Drug)*
- Glue
- Hallucinogens
(Peyote, LSD, Mushrooms)
- Hashish / Hashish Oil
- Heroin / Opium
- Marijuana
- Mescaline
- Morphine
- PCP / Angel Dust
- Quaaludes
- Steroids
- Tetrahydrocannabinol (THC)

74. **Within the past six months**, have you used any drug(s) as indicated above? Yes No

If yes, give details, including drug(s) used and circumstances:

.....

.....

.....

75. **Prior to the past six months** (check all that apply):

- I have **never** used any drug recreationally.
- I have tried or used one or more drugs, but only under **limited** circumstances *(for example, experimentation, at parties, concerts, special events, etc.)*.

If checked, give details including drug(s) used, most recent date used, and circumstances.

.....

.....

.....

.....

76. Have you **ever** engaged in any of the activities listed below for drugs, narcotics or illegal substances, including marijuana?

- Sold
- Purchased
- Cultivated
- Manufactured
- Furnished
- Carried or held for another

If you checked any items above, give details including drug(s) involved, over what time period(s), and circumstances.

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SECTION 9: MOTOR VEHICLE OPERATION

77. CURRENT DRIVER'S LICENSE NUMBER	STATE OF ISSUE	EXPIRATION DATE	NAME UNDER WHICH LICENSE WAS GRANTED
-------------------------------------	----------------	-----------------	--------------------------------------

78. LIST OTHER STATES WHERE YOU HAVE BEEN LICENSED TO OPERATE A MOTOR VEHICLE:

State of issue	Type of license	Name under which license was granted and license number, if known

79. Have you ever been refused a driver's license by any state? Yes No

If yes, explain (include when, where, and circumstances):

80. Has your driver's license ever been suspended or revoked? Yes No

If yes, explain (include when, where, and circumstances):

81. List all traffic citations, excluding parking citations, you have received within the past seven years:

A) NATURE OF VIOLATION	LOCATION (STREET)	CITY	STATE
DATE VIOLATION OCCURRED Month Year	ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> TrafficSchool <input type="checkbox"/> Dismissed		
B) NATURE OF VIOLATION	LOCATION (STREET)	CITY	STATE
DATE VIOLATION OCCURRED Month Year	ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> TrafficSchool <input type="checkbox"/> Dismissed		
C) NATURE OF VIOLATION	LOCATION (STREET)	CITY	STATE
DATE VIOLATION OCCURRED Month Year	ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> TrafficSchool <input type="checkbox"/> Dismissed		

d) Has a traffic citation ever resulted in a warrant or caused your driver's license to be withheld due to the following? (Check all that apply.)

Failed to appear Failed to complete traffic school Failed to pay the required fine

If checked, explain circumstances:

82. Have you ever driven a vehicle without auto insurance, as required by law? Yes No

If yes, give reason:

DATE Month Year	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
--------------------	----------------------------------	------	-------	-----

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SECTION 9: MOTOR VEHICLE OPERATION *continued*

83. Have you ever been refused automobile liability insurance or a bond, or had them cancelled?..... Yes No

If yes, give reason: _____ INSURANCE COMPANY _____

DATE	ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
Month Year				

Use this space for additional information you would like to include regarding your driving record.

SECTION 10: OTHER TOPICS

84. Have you ever been refused a permit to carry a concealed weapon? Yes No

85. Are you now, or have you ever been, a member or associate of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability?..... Yes No

86. Do you have, or have you ever had, a tattoo signifying membership in, or affiliation with, a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability? Yes No

87. Since the age of 16, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act? Yes No

88. Have you ever hit or physically overpowered a spouse or romantic partner? Yes No

If you answered yes to any of Questions 84–88, give details including dates and circumstances; indicate corresponding number.

SECTION 11: CERTIFICATION

89. I hereby certify that I have personally completed and initialed each page of this form and any supplemental page(s) attached, and that all statements made are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact may subject me to disqualification; or, if I have been appointed, may disqualify me from continued employment.

SIGNATURE IN FULL	DATE
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Initial this page to indicate that you have provided complete and accurate information: _____

Blue Lake Fire Department Probation Members Check List

Every new member will need to be proficient in the following areas within the first year of joining, any deviation to this rule will need approval by the standing committee prior to the end of their first year, unfortunately we run calls 24-7 so we expect you to do the same if in the district. We train every Tuesday, you should expect to be at the fire department every Tuesday unless you have a valid excuse.

Date and Initials of Officer

- _____ At a minimum Volunteer Firefighter academy or equivalent
- _____ Emergency First Responder "40" hour
- _____ Laws pertaining to "responding to Emergencies" (responding to calls/code 3 driving)
- _____ Personal Protective Equipment Fitting
- _____ FF Safety, FD Organization (ICS Structure/chain of command, ICS 100,200)
- _____ Fire Apparatus Familiarization (equipment location), Engine Washing
- _____ CPR and 1st Aid
- _____ PPE & SCBA (put on in 2 minutes or less)
- _____ Power Tools (rescue tool set up and operation)
- _____ Fire Hose & Appliances (hose sizes and nozzle patterns)
- _____ Ambulance Familiarization
- _____ Salvage and Overhaul (tarps and how to place items for salvage)
- _____ Ladders (safety and how to place)
- _____ Ropes, Knots, Raising and lowering of Hand Tools

NAME: _____ Date: _____