

Intermountain Fire And Rescue

P.O. BOX 1362
Ramona, CA. 92065



APPLICATION FOR ACTIVE MEMBERSHIP

Please print legibly or type in black ink

PERSONAL INFORMATION		
Name:		
Current Address:		
City:	State:	ZIP Code:
Phone:	Cell Phone:	
Email:		US Citizen - [] Yes [] No
Date Of Birth:	SSN:	
Height:	Weight:	
Eye Color:	Hair Color:	
CURRENT EMPLOYMENT		
Current Employer:		How Long:
Position Held:		Supervisor:
Duty's Preformed:		
Employer Address:		
City:	State:	ZIP Code:
Phone:	Fax:	
Email:		
EDUCATION		
High School Graduate - [] Yes [] No		GED - [] Yes [] No
Years In College:	Degree:	
CERTIFICATIONS		
CPR Card - [] Yes [] No		Expiration Date:
First Responder/Title 22 - [] Yes [] No		Expiration Date:
EMT - [] Yes [] No	Number:	Expiration Date:
Firefighter I - [] Yes [] No		Date Received:
DRIVERS LICENSE AND VEHICLE INFORMATION		
Divers License Number:	Expiration Date:	State:
Class And Endorsements:		
Insurance Company:		
Make, Model And Year Of Vehicle Owned:		
License Plate:		

HOW DID YOU HEAR ABOUT INTERMOUNTAIN

Please tell us how you heard about our department:
 Internet Friend Saw Us Newspaper Other _____

PREVIOUS EMPLOYMENT

Please list your employment activities for the last 5 years. Include, occupation, employer name, dates of employment, name of last supervisor, phone number and reason for leaving. (Include any previous volunteer experience of any kind) Use additional Sheets as necessary.

Previous Employer:	When:
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Position Held:	Supervisor:
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Reason For Leaving:

Duty's Performed:

Employer Address:

City:	State:	ZIP Code:
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Phone:	Fax:
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Previous Employer:	When:
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Position Held:	Supervisor:
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Reason For Leaving:

Duty's Performed:

Employer Address:

City:	State:	ZIP Code:
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Phone:	Fax:
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Previous Employer:	When:
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Position Held:	Supervisor:
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Reason For Leaving:

Duty's Performed:

Employer Address:

City:	State:	ZIP Code:
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Phone:	Fax:
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Previous Employer:	When:
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Position Held:	Supervisor:
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Reason For Leaving:

Duty's Performed:

Employer Address:

City:	State:	ZIP Code:
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Phone:	Fax:
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REFERENCES (PROVIDE AT LEAST THREE)		
Name:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		
Name:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		
Name:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		
Name:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		
Name:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		

EMERGENCY CONTACTS (PROVIDE AT LEAST THREE)		
Name of a relative not residing with you:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		
Name of a relative not residing with you:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		
Name of a relative not residing with you:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		

PREVIOUS TRAINING

If any, please list fire fighting or EMT training only. Show Department Name, Location, dates, positions held, and any specialized training you hold certificates for. (Attach copies of all certificates to the application)

MILITARY SERVICE

Please list any military service that you have performed. Include Branch of Service, Dates of Service, Job Specialty, Type of Discharge, Last Command and name of your last supervisor.

PHYSICAL IMPAIRMENT

Describe any physical impairment that may affect your ability to perform any duties involved with service with Intermountain Fire and Rescue Department? (Including significant previous skeletal injuries or surgery, past heart conditions requiring treatment, serious respiratory problems requiring treatment, or other serious health related problem.)

SIGNATURES

I hereby apply for membership as an active volunteer with the Intermountain Volunteer Fire & Rescue Department. I understand that I must meet State and Department training standards and agree to attend and participate in training programs as assigned by the Chief or other appropriate Training Officers. I agree to abide by the policies and procedures, safety and operational rules of Intermountain Fire and Rescue Department and to follow the orders of departmental officers during operations, training and drills.

I hereby authorize the department to obtain a copy of my driving record from the department of Motor Vehicles. I also hereby authorize the department to conduct a background investigation, including but not limited to; my credit report, current employment, employment history, and any records relating to criminal history and convictions.

I understand that I may be required to submit to alcohol and/or substance abuse testing at any time during my service with Intermountain Fire and Rescue Department.

I further affirm that all the information on my application is true correct and complete.

Signature of applicant:

Date:

If the applicant has any additional information you may attach a separate sheet of paper. A resume may also be attached but not submitted in lieu of a completed application form.

Mail completed Application and current copy of your DMV print out to:

Intermountain Fire and Rescue Department
Attention: Personnel Officer
P.O. Box 1362
Ramona, CA 92065

Intermountain Fire And Rescue

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HEALTH STATEMENT

I understand that service with Intermountain Fire and Rescue Department may involve activities, trainings, drills or emergency responses requiring heavy physical exertion and which may be of considerable duration. I also understand that service with Intermountain Fire and Rescue Department will expose me to certain inherent dangers involved with fire and rescue operations. I certify that I am in general good health and capable of performing such activities in Intermountain Fire and Rescue Department service.

I understand that I will be required to obtain a physical prior to being offered a position by Intermountain Fire and Rescue Department.

Signature: _____ Date: _____

Intermountain Fire And Rescue

P.O. BOX 1362
Ramona, CA. 92065



AUTHORIZATION TO RELEASE INFORMATION

Full Name: _____

Other Names Used: (Maiden, Prior Marriages, Akas): _____

Date of Birth: _____

Social Security Number: _____

City and State Of Birth: _____

To Whom It May Concern:

As an applicant for a position with the Intermountain Fire and Rescue Department, I am required to furnish information for use in determining my moral character, honesty, dependability and qualifications.

I hereby request and authorize the disclosure of any and all records, files, notes, opinions or any information you may have concerning me, including information of a confidential or privileged nature to a background Investigator of the Intermountain Fire and Rescue Department. This includes, but is not limited to, the release of employment files, personnel records, background investigation files, disciplinary records, any and all internal affairs investigations, complaints filed against me, training files, arrest or criminal records and driving record. This includes photocopies of the above material or documents if requested by the Intermountain Fire and Rescue Department.

I hereby release you, your organization, all persons, representatives, agents and others including the Intermountain Fire and Rescue Department from any liability and/or damage which may result from furnishing the above information. This authorization shall be valid and effective for six months from the date signed.

Signature: _____

Date: _____