

EAST COUNTY FIRE PROTECTION DISTRICT

ECFPD Application

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Message Phone _____ Email Address _____

Social Security # _____ Date of Birth _____

Education

Grade School _____ Grade Completed _____

High School _____ Grade Completed _____

Vocational Training _____ Certificate/License _____

College _____ Course Completed/Graduated _____

Firefighter/Associated Training _____

Place of Employment _____

Address _____ State _____ Zip _____

Work Phone _____ How long employed? _____

Three personal references/phone numbers:

1. _____
2. _____
3. _____

Drivers' License # _____ Exp. Date _____ State _____

Personal Vehicle Plate # _____

Have you ever been convicted of a felony? Yes _____ No _____ (If yes, explain)

Medical Information

In case of emergency notify:

Name _____

Address _____ City _____ State _____

Contact Phone _____ Relationship _____

Hospital Preference _____ Doctor _____

Blood Type _____ Allergies _____

Do you have any known medical problems? Yes _____ No _____ (If yes, explain)

Do you take any prescription medication? Yes _____ No _____ (If yes, explain)

East County Fire Protection District reserves the right to do random drug testing. If asked to do so, East County Fire Protection District will be responsible for the charges incurred to do the testing. If you should fail the test, you will be responsible for the charges incurred and your application will be disregarded.

Any information on this application will be kept in confidence other than an officer will have access to the medical information should an emergency arise. It will be given to the Emergency Staff to be used for the purpose of expediting your care should you not be able to speak for yourself.

I certify that all the information submitted by me on this application is true and complete. I understand that any information, omissions or misrepresentations are discovered, my application may be rejected and if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the East County Fire Protection District's rules and regulations. I agree that the Department or myself can terminate my employment and compensation, with or without notice at any time. I understand and agree that the Department can change the terms and conditions of my employment, with or without notice.

Signature _____

Witness _____

Witness _____

Date _____