



# PUBLIC SAFETY DIVISION

Support Team     Public Safety Responder Team     Dive Team

## PLEASE PRINT OR TYPE

NAME OF APPLICANT: \_\_\_\_\_ DATE OF APPLICATION \_\_\_\_\_

DO YOU HAVE A VALID CALIFORNIA DRIVERS LICENSE:    YES    NO

YOUR PHYSICAL ADDRESS: \_\_\_\_\_

YOUR MAILING ADDRESS: \_\_\_\_\_ CA ZIP: \_\_\_\_\_

TELEPHONE NUMBERS: (HOME) (    ) \_\_\_\_\_ (WORK) (    ) \_\_\_\_\_

CELLPHONE NUMBER: (    ) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

### WHO MAY WE CONTACT IN CASE OF AN EMERGENCY?

NAME: \_\_\_\_\_ PHONE# (    ) \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

### DO YOU HAVE ANY DISABILITIES THAT WOULD AFFECT YOUR JOB PERFORMANCE?

YES    NO

IF YES, EXPLAIN: \_\_\_\_\_

### ARE YOU CURRENTLY ON ANY MEDICATIONS OR DO YOU TAKE ANY CONTROLLED SUBSTANCE THAT COULD AFFECT YOUR JOB PERFORMANCE?    YES    NO

IF YES, EXPLAIN: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY?    YES    NO

IF YES, EXPLAIN ON BACK

**DO YOU HAVE ANY EXPERIENCE, TRAINING, OR OTHER CERTIFICATIONS (SUCH AS FIRST AID OR CPR) THAT YOU FEEL WOULD BE OF BENEFIT TO THIS POSITION?**

YES    NO

(IF YES, PLEASE LIST ON BACK.)

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***I, HEREBY CERTIFY THAT THE INFORMATION SUPPLIED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT I UNDERSTAND THE POSITION DESCRIPTION FOR THE DISTRICT'S PUBLIC SAFETY DIVISION TEAM MEMBERS.***

***I UNDERSTAND THAT SHOULD I BE APPROVED FOR THIS POSITION THAT IT IS AN "AT WILL" (as defined in state and federal labor regulations) VOLUNTEER EMPLOYEE POSITION WITH THE NORTSHORE FIRE PROTECTION DISTRICT.***

***I, HEREBY GIVE MY EXPRESS WRITTEN CONSENT TO DO ANY REQUIRED CHECKS ON THE FOLLOWING TO OBTAIN INFORMATION RELATING TO MY POSITION AS A VOLUNTEER MEMBER FOR THE NORTSHORE FIRE PROTECTION DISTRICT:***

1. MY LICENSE, LICENSE STATUS, AND PENDING VIOLATIONS.
2. MY INSURANCE, TO VERIFY THAT I HAVE VEHICULAR INSURANCE.
3. TO DO ANY BACKGROUND CHECKS AS REQUIRED.

***I UNDERSTAND THAT I AM PERSONALLY RESPONSIBLE FOR ALL DEPARTMENT EQUIPMENT ISSUED TO ME.***

**SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE \_\_\_\_\_**

***AN INTERVIEW WITH A CHIEF OFFICER AND THE TEAM LEADER WILL BE HELD WITH THE APPLICANT BEFORE APPROVAL OF THIS APPLICATION.***

FOR OFFICE USE ONLY	
Team Leader: _____	Date: _____
Public Safety Division BC: _____	Date: _____
APPLICATION APPROVED _____	APPLICATION DENIED _____
Fire Chief: _____	Date: _____
COMMENTS:	