

FIRE FIGHTER I QUESTIONNAIRE

INSTRUCTIONS: Please read the enclosed Fire Fighter I Questionnaire instructions thoroughly and completely before filling out this questionnaire. Ensure that the questionnaire is signed and submitted with the Std. 678.

I. CAL FIRE FIRE FIGHTING EXPERIENCE <i>Check the box below and indicate total months of experience.</i>		
<input type="checkbox"/> FF I Total Months: _____	<input type="checkbox"/> FF II Total Months: _____	<input type="checkbox"/> FAE Total Months: _____
II. OTHER FIREFIGHTING EXPERIENCE (EXCLUDING CAL FIRE) <i>Check the box below and indicate total months of experience.</i>		
Full time paid firefighting experience (excluding CAL FIRE) [e.g., tribal, Federal, State, local government, Comprehensive Employment and Training Act (CETA), California Conservation Corp. (CCC), Part Time/Paid Call/Volunteer/Private firefighting experience (e.g., part time, paid call, volunteer, private, on-call crews, resident, sleeper, reserve) within the last ten (10) years. Private firefighting experience regardless of hours worked per month should also be listed.		
<input type="checkbox"/> Other firefighting experience (excluding CAL FIRE) Total Months: _____		
III. CERTIFICATIONS <i>Check the box(es) indicating the certification(s) you have received. All certificates will be verified during the selection process. Please be prepared to provide listed certificates upon request.</i>		
<input type="checkbox"/> CAL FIRE Fire Fighter 1 – Basic Training		
<input type="checkbox"/> California State Fire Marshal (SFM) Accredited FF I Academy or equivalent FF I Academy taught at a California <u>accredited</u> institution of post secondary education recognized by the American Council on Education		
Emergency Medical Services (EMS) Qualification <i>*Check the box indicating your current certification.</i>		
<input type="checkbox"/> Public Safety/First Aid and CPR Card		
<input type="checkbox"/> First Responder and CPR Card		
<input type="checkbox"/> Emergency Medical Technician (EMT) and CPR card		
<input type="checkbox"/> Paramedic and CPR Card		
<input type="checkbox"/> California SFM FSTEP Confined Space Awareness level or higher		
<input type="checkbox"/> California SFM FSTEP Hazardous Materials First Responder Operational		
VI. EDUCATION <i>Check the box(es) indicating the education you have completed.</i>		
<input type="checkbox"/> Bachelor of Arts/Bachelor of Science degree from an accredited institution of post-secondary education recognized by the American Council on Education		
<input type="checkbox"/> Associate of Arts/Associate of Science degree from an accredited institution of post-secondary education recognized by the American Council on Education.		

I hereby certify and understand that the information provided by me on this questionnaire is true and complete and subject to verification. To the best of my knowledge it contains no willful misrepresentation or falsifications. I understand that if it is discovered that I have made any false representations, I may be disqualified from the hiring process and/or dismissed from employment with CAL FIRE.

Please carefully read the enclosed instructions prior to submitting your questionnaire.

(Sign printed document only, electronic signatures will not be accepted)

SIGNATURE: _____	DATE: _____
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