



# Paid Call Firefighter Application

San Miguel Paid Call Fire Department is currently accepting applications for Paid Call Firefighters. Please see attached documents for the application process.

For Information or Questions  
Please Contact:

**Scott Young**, Fire Chief  
Scott.young@sanmiguelcsd.org

P.O. Box 180  
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San Miguel, CA 93451

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[www.sanmiguelcsd.org](http://www.sanmiguelcsd.org)

# **Pre-Paid Call Firefighter Documentation REQUIREMENTS**

## **To be submitted with application:**

1. DMV Driver history printout
2. Copy of current California Driver's License
3. Copy of Social Security Card
4. Copy of current liability automobile insurance
5. Completed San Miguel Firefighter application
6. Signed Physical requirement documentation from your Physician
7. Must reside within San Miguel C.S.D. Boundaries
8. Live Scan and Pre-employment drug screening will be provided by SMFD

After submitting application materials, you will be scheduled for an interview. The interview team will forward a recommendation to the fire chief.

With the approval of the fire chief, you may begin by attending our training sessions held on the first, second, and third Tuesdays each month at 1800 hours.

### **As a Paid Call Firefighter, you must:**

1. Complete the SLO, or another approved, basic firefighter academy within 1 year
2. Complete First Responder state requirements (including CPR & Defibrillator)
3. Complete Hazardous Materials First Responder Operational Training
4. Obtain a Class C Firefighter Exempt Driver's License.

The fire requirements above are to be coordinated by the San Miguel Fire Department Fire Chief or Assistant Fire Chief.

# SAN MIGUEL FIRE DEPARTMENT

## Firefighter Physical Requirements

Every member must have the ability to:

- (1) Walk, jump, bend, climb and lift equipment 50 pounds or more
- (2) Operate radios, power hand tools and other firefighting equipment
- (3) Prepare clear and concise reports
- (4) Remain calm in stressful situations
- (5) Follow oral and written instructions
- (6) Respond to alarms anytime day or night
- (7) Carry and set up ladders (up to 20 feet)
- (8) Keep overall physically fit

List any existing medical problems you may already have:

Back	_____	Blood pressure	_____
Neck	_____	Diabetic	_____
Heart	_____	Respiratory	_____
Stomach	_____	Severe Headaches	_____
Muscular	_____	Any other	_____

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**Name** \_\_\_\_\_

**Date** \_\_\_\_\_

After completing this form, have your family physician sign and date below to verify you do not have any physical limitations.

Physician's Name \_\_\_\_\_

Address \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

***Physician's signature verifies the person listed above has no physical limitation doing the job of a firefighter.***

# San Miguel Firefighter Application

*An Equal Opportunity Employer*

## Personal Information (Please Print)

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Email Address: \_\_\_\_\_

Do you have a valid Driver's License:      Yes       No

## Education & Skills

High School: \_\_\_\_\_ Location: \_\_\_\_\_ Years \_\_\_\_\_

College: \_\_\_\_\_ Location: \_\_\_\_\_ Major \_\_\_\_\_ Years \_\_\_\_\_

Trade School: \_\_\_\_\_ Location: \_\_\_\_\_ Major \_\_\_\_\_ Years \_\_\_\_\_

## Experience (list most recent work experience including volunteer work)

1. Employer \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Hours Worked Per Week \_\_\_\_\_

Supervisor \_\_\_\_\_ May we contact \_\_\_\_\_ Phone # \_\_\_\_\_

Your Title and Duties \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Employer \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Hours Worked Per Week \_\_\_\_\_  
Supervisor \_\_\_\_\_ May we contact \_\_\_\_\_ Phone # \_\_\_\_\_  
Your Title and Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Employer \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Hours Worked Per Week \_\_\_\_\_  
Supervisor \_\_\_\_\_ May we contact \_\_\_\_\_ Phone # \_\_\_\_\_  
Your Title and Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Citizenship**

Are you a USA Citizen? Yes  No  If no, Date applied for citizenship? \_\_\_\_\_  
(See I-9 Form Attached)

**Optional Information**

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

**Agreement**

*I, THE UNDERSIGNED DO AGREE THAT ALL THE INFORMATION PROVIDED ABOVE IS CORRECT AND TRUE TO THE BEST OF MY KNOWLEDGE. ANY INFORMATION FOUND TO BE FALSE CAN BE GROUNDS FOR TERMINATION.*

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_