

## SAN LUIS OBISPO COUNTY FIRE DEPARTMENT Paid-Call Firefighter Program

## Interest Form

Please PRINT Clearly  Name:  AKA / Alias / Nickname :  Address:						RECEIVED BY STATION  Date:						
						Received by:						
						City/Sta	ate/Zip					L
Cell Ph	one:	Home Phone:	Oth	er Contact:								
	Firefighter p September 1 October. Pla years old, H	s Obispo County Fire positions continuously at 5PM of each year ease attach a resume igh School Graduate e "yes" or "no" to a	y throu ar. Inte to this or GE	ighout the year erviews will on form. <i>Minimu</i> ED, a valid CA	This ir ccur betw um requi	iteres veen S remei	t form will September a onts to apply	expire on and are 18				
Are you	18 years or o	lder?							Y	or	N	
Do you h	nave a High S	chool diploma or ha	ve a GI	ED?					Y	or	N	
Do you have a valid CA Drivers License? Class CDL#Exp							Y	or	N			
(Circle or	ne) Are you	current with the follo	wing?	EMR card	EMT c	ard	Paramed	ic License	Y	or	N	
The foll	owing is a g	general inquiry:										
(Circle all that apply) Do you have account with the following? FaceBook MySpace Twitter							Y	or	N			
Have you ever been convicted of a crime as an adult? If "Yes" explain below.							Y	or	N			
Date of c	conviction:											
Type of o	conviction:											
Outcome	): :											
	I understand the above terms and certify the above information is true and current.											
	Signature:					Date	2.					