



CALIFORNIA FIREFIGHTER
JOINT APPRENTICESHIP COMMITTEE

1780 Creekside Oaks Drive
Sacramento, CA 95833
(916) 648-1717
Email: caljac@cpf.org

DISPLACED CIVILIAN FEDERAL, STATE OR LOCAL CAREER FIREFIGHTER
HIRING LIST APPLICATION

PERSONAL INFORMATION

Name (First, MI, Last): _____
Social Security Number: _____ DOB: _____
Rank/Position: _____ Years of firefighting experience: _____
Address (street, city, state, zip): _____
Phone Numbers (indicate home, cell, etc.): _____
Email address: _____
Layoff department/base: _____ Layoff/termination date: _____
Layoff/priority placement notice date: _____

EDUCATION

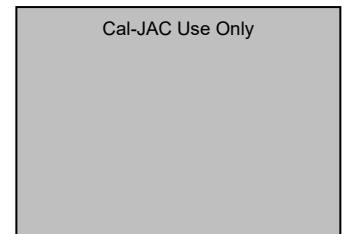
Attach additional sheets if necessary

High school/equivalent _____ Date completed: _____
College: _____ Degree/units: _____ Date completed: _____
College: _____ Degree/units: _____ Date completed: _____

SPECIALIZED TRAINING

Check all that apply

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> EMT | State Certificates | <input type="checkbox"/> HazMat Technician |
| <input type="checkbox"/> Paramedic | <input type="checkbox"/> Firefighter I | <input type="checkbox"/> Fire Officer |
| <input type="checkbox"/> USAR | <input type="checkbox"/> Firefighter II | <input type="checkbox"/> Chief Officer |
| <input type="checkbox"/> Wildland | <input type="checkbox"/> Driver/Operator | <input type="checkbox"/> Instructor |
| <input type="checkbox"/> Water Rescue | <input type="checkbox"/> HazMat Specialist | |



- Was serving as a permanent career civilian federal firefighter in good standing at any United States military installation or was a permanent career firefighter employed by the state or a local government within the state.
- Has satisfactorily completed all firefighter training required for employment as a permanent career civilian federal, state, or local government firefighter.
- Was, as a consequence of the closure, downsizing, or realignment of a federal military installation, terminated as a permanent career civilian federal firefighter, or as a consequence of job-elimination, terminated as a permanent career state of local government firefighter, within 48 months prior to the appointment.

Information contained on this application may be verified for accuracy.

I certify that the facts contained in this application are true and complete to the best of my knowledge.

Signature: _____ Date: _____