



City of Etna
Etna Fire Department

VOLUNTEER/PAID PER CALL APPLICATION

Date: _____

Name: _____ Date of Birth: _____

Address: _____

Phone: _____ Email: _____

Have you been previously employed by Etna Fire Department or the City of Etna?
Yes or No

If yes, why did you leave?

Licenses and Certifications: (Check all that apply) (Copies will be required prior to start)

- | | |
|---|--|
| <input type="checkbox"/> California Driver's License | <input type="checkbox"/> Title 22/PSFA |
| <input type="checkbox"/> Firefighter Endorsement | <input type="checkbox"/> ICS 100 |
| <input type="checkbox"/> EVOS/EVOC | <input type="checkbox"/> ICS 200 |
| <input type="checkbox"/> BLS Provider Certification | <input type="checkbox"/> ICS 700 |
| <input type="checkbox"/> SSV EMS Cert. (EMR,EMT or paramedic) | <input type="checkbox"/> ICS 800 |
| <input type="checkbox"/> NREMT (EMR,EMT or NRP) | <input type="checkbox"/> Hazmat FRO |

Please list any other certifications and experience:

Emergency contact: _____

Signature and Date: _____