



# BRANCIFORTE FIRE PROTECTION DISTRICT

2711 Branciforte Drive, Santa Cruz, California 95065-9731 \* 831.423.8856 \* Fax 831.423.8859

August 2, 2022

Dear Applicant:

We are currently in the process of reviewing applications for the position of Paid-call/Volunteer Firefighter. If you are interested in this position, you will need to do the following:

- 1.) Attend the mandatory orientation on Thursday, September 1, 2022, at 6:30 PM, at the Branciforte Fire Protection District (BFPD) station. The address is 2711 Branciforte Drive, Santa Cruz, CA 95065. Please bring the following documentation to the orientation:
  - The enclosed Application and Volunteer Interest Sheet
  - The enclosed Privacy Form (which authorizes BFPD to review your DMV report).
  - A copy of your H-6 from the California Department of Motor Vehicles
  - A copy of your High School Diploma/GED Certificate; proof of enrollment in college; or a copy of your college degree
  - A copy of your current CPR card, or proof of enrollment in a CPR course
  - A copy of your current California EMT-B or EMT-P card; proof of enrollment in an EMT-B program; or proof of enrollment in Paramedic school
  - A copy of your current CPAT card issued within the past year; or proof of a CPAT test date
- 2.) Once your DMV report has been cleared by the BFPD insurance carrier, you will be scheduled for an oral interview. Interviews are tentatively scheduled for early October. More details will be provided at a later date.
- 3.) If selected to move forward with the hiring process, you will be subject to a background investigation, drug screening, and a pre-employment physical.

Failure to provide any of the above-mentioned documentation may result in you being removed from the hiring process.

If you have any questions, please call our office at (831) 423-8856.

Thank you,

A handwritten signature in blue ink, appearing to read "Nick Lucchesi", written in a cursive style.

Fire Captain Nick Lucchesi  
Volunteer Coordinator

## Board of Directors

Tim Dodds    Richard Landon    Kurt Meyer    Pat O'Connell    Pete Vannerus



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## VOLUNTEER INTEREST FORM

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

FIREFIGHTER/MEDICAL CERTIFICATIONS: \_\_\_\_\_

ARE YOU A MEMBER OF CALPERS BY PREVIOUS EMPLOYMENT (EITHER YOU HAVE FUNDS ON DEPOSIT OR SERVICE CREDIT):  YES  NO

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

NOTE: Please fill out completely and legibly.



2711 Branciforte Drive  
Santa Cruz, CA 95065  
831-423-8856

## APPLICATION FOR EMPLOYMENT

### Personal Information

Last		First		MI	SSN#	Email	
Street Address			City	ST	Zip		Mobile
Are you entitled to work in the United States?				Are you 18 or older?		If yes, Date of Birth	
Have you been convicted of a felony or been incarcerated in connection with a felony in the past seven years?						If yes, please explain:	
Military Service?			Branch		Are you a veteran?		War
What position are you applying for?				How did you hear about this position?			

### Prior Work Experience

	Current or Most Recent		Prior		Prior	
Employer						
Address						
City, ST, ZIP						
Telephone						
Name of Immediate Supervisor						
Dates of Employment	From	To	From	To	From	To
Position/Job Title						
Pay						
Reason for Leaving						
May We Contact						

**Education**

	Name/Location	Last Year Complete				Degree	Major
		9	10	11	12		
High School							
College/University		1	2	3	4		
Trade School							
Other							

List any applicable special skills, training or proficiencies.

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<p>I certify that the facts in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.</p> <p>I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.</p> <p>I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.</p> <p>This waiver does not permit the release or use of disability related or medical information in a manner prohibited by the Americans with Disabilities ACT (ADA) and other relevant federal and state laws.</p>	<p><b>Signature</b></p>          	<p><b>Date</b></p>          
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## Privacy Form

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

I, \_\_\_\_\_ give permission to the Branciforte Fire Protection District  
(Applicant name – PLEASE PRINT)

and Insurance Carrier to review my driving record from the State Department of Motor Vehicles. I

acknowledge that my driving record may have a bearing on my employment or volunteer eligibility.

Sincerely,

\_\_\_\_\_  
(Signature)

**Please complete and return this form with your DMV Drivers License Report printed with in the last 30 days.**