

VOLUNTEER FIREFIGHTER APPLICATION

TEHAMA COUNTY FIRE DEPARTMENT

604 Antelope Blvd., Red Bluff, CA 96080

(530) 528-5199

(Please Print or Type)

Name: _____
Last First Middle Name

Physical Address: _____
Street City State Zip

Mailing Address: _____
Street City State Zip

Phone Number: _____
Home Number Cell/Alternate Phone

Email Address: _____

Are you at least 18 years of age or older? Yes No

Do you have a valid California Driver's License? Yes No Class A B C

Are you minimally covered for auto liability insurance as required by the State? Yes No

Current Occupation: _____ Normal Work Hours: _____

Current Employer: _____

Do you have any previous fire fighting or emergency medical care experience? Yes No

(If "Yes" please explain) _____

References:

Name Relationship Phone Number

Name Relationship Phone Number

HOW DID YOU LEARN ABOUT THE PROGRAM?

County Employee County Volunteer Human Resources Job Opportunities Display

Posted Bulletin School Website Other: _____

All written and expressed statements on this application and related to the application process are in fact true to the best of my knowledge. I understand that falsification of information is grounds for disqualification. I authorize the Tehama County Fire Department, and any of its agents to verify any information on this application and I authorize release of such information. I release the Tehama County Fire Department from any liability for seeking such information.

I agree to faithfully execute the duties of a volunteer firefighter and abide by the laws, regulations, procedures, policies, and by-laws of this volunteer fire department and the Tehama County Fire Department. I understand that this application is for a volunteer firefighter position where no vested interest in employment is created. A volunteer firefighter is not an employee of the County of Tehama.

By signing, you have agreed to the terms and conditions of this application.

Applicant's Signature: _____ Date: _____

Interview Board Members:

Required: _____
Name Title

Required: _____
Name Title

Optional: _____
Name Title

Interview Board Approval: Yes No Interview Date: _____

Approval by Quorum of Volunteer Members: Yes No Date: _____

Vol. Fire Chief Approval: _____ Date: _____

Volunteer Company



EMPLOYER PULL NOTICE PROGRAM
AUTHORIZATION FOR
RELEASE OF DRIVER RECORD INFORMATION

I, _____, California Driver License Number, _____,
hereby authorize the California Department of Motor Vehicles (DMV) to disclose or otherwise make available, my driving
record, to my employer, _____
COMPANY NAME

I understand that my employer may enroll me in the Employer Pull Notice (EPN) program to receive a driver record report at
least once every twelve (12) months or when any subsequent conviction, failure to appear, accident, driver's license suspension,
revocation, or any other action is taken against my driving privilege during my employment.

I am not driving in a capacity that requires mandatory enrollment in the EPN program pursuant to California Vehicle Code
(CVC) Section 1808.1(k). I understand that enrollment in the EPN program is in an effort to promote driver safety, and that my
driver license report will be released to my employer to determine my eligibility as a licensed driver for my employment.

EXECUTED AT: CITY _____ COUNTY _____ STATE _____

DATE _____	SIGNATURE OF EMPLOYEE X
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I, _____, of _____
AUTHORIZED REPRESENTATIVE COMPANY NAME

do hereby certify under penalty of perjury under the laws in the State of California, that I am an authorized representative of
this company, that the information entered on this document is true and correct, to the best of my knowledge and that I am
requesting driver record information on the above individual to verify the information as provided by said individual. This
record is to be used by this employer in the normal course of business and as a legitimate business need to verify information
relating to a driving position not mandated pursuant to CVC Section 1808.1. The information received will not be used for any
unlawful purpose. I understand that if I have provided false information, I may be subject to prosecution for perjury (Penal
Code Section 118) and false representation (CVC Section 1808.45). These are punishable by a fine not exceeding five
thousand dollars (\$5,000) or by imprisonment in the county jail not exceeding one year, or both fine and imprisonment. I
understand and acknowledge that any failure to maintain confidentiality is both civilly and criminally punishable pursuant to
CVC Sections 1808.45 and 1808.46.

EXECUTED AT: CITY _____ COUNTY _____ STATE _____

DATE _____	SIGNATURE AND TITLE OF AUTHORIZED REPRESENTATIVE X
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To obtain a driver record on a prospective employee you may submit an INF 1119 form. To add this driver to the EPN Program
you must submit the applicable forms: INF 1100, INF 1102, INF 1103, INF 1103A form. You may obtain forms at our website
at www.dmv.ca.gov/otherservices, or by calling 916-657-6346.

**THIS FORM MUST BE COMPLETED AND RETAINED AT THE EMPLOYER'S PRINCIPAL PLACE OF BUSINESS AND
MADE AVAILABLE UPON REQUEST TO DMV STAFF.**

DO NOT RETURN THIS FORM TO DMV.