



## FIRE DEPARTMENT

3500 NORTH APRON AVENUE  
ATWATER, CA 95301  
OFFICE (209) 385-7344  
FAX (209) 725-0174

### **Paid Call Firefighter Pre-Employment Handout and Application**

Thank you for your interest in becoming a Paid Call Firefighter (PCF) for the Merced County Fire Department. Service as a PCF is a challenging and rewarding way to serve your community in its time of need. As a PCF, you will be responding, along with other PCFs and career firefighters, to a wide variety of emergency and non-emergency incidents within your community and throughout Merced County. Along with fires of all types, you will be expected to respond to vehicle and industrial accidents, hazardous materials spills, public service assists, and a variety of medical aid calls. (These incidents may involve serious injury or death and can be emotionally traumatizing to emergency responders.)

Responding to such an array of incidents necessitates an appropriate level of training encompassing many different disciplines. You will receive training in Cardio-Pulmonary Resuscitation (CPR), EMS First Responder, Hazardous Materials Incident Response, Confined Space Awareness, Basic Firefighting Skills, and orientation to the Merced County Fire Department and the specific fire company to which you are applying. This training will require a minimum commitment of over 100 hours within your first year of service. There is also an annual 18 hour training requirement. Individual fire companies may have other requirements in addition to these basic requirements.

Merced County Fire Department PCFs are paid State minimum hourly wage for response to emergency incidents and required re-certification training. Additionally, many PCFs donate countless hours of their own time to the Merced County Fire Department and local community through fundraisers, Fire Prevention programs, and other activities organized by the local Fire Company.

The attached pages and application explain in detail the process of becoming a Paid Call Firefighter for the Merced County Fire Department and the Company to which you are applying. They **MUST** be followed in the order in which they appear for your application to be processed. Deviation from these procedures will delay the processing of your application or result in its denial. **It should be noted that you must either live or work in the Initial Response Area of the Station to which you are applying.**

If you have any questions, please contact the career Firefighter or PCF Chief at your local Fire Station.

## **Requirements for Employment as a Paid Call Firefighter**

To apply as a PCF you must:

1. Be 18 years old
2. Have a valid driver's license
3. Reside or work in the initial response area of station applying

Application Process:

1. Pick up an application for employment at the Fire Station to which you are applying.
2. Complete the application and return it to the career personnel at your Station with a current printout of your driving history from the Department of Motor Vehicles.
3. Some Companies require an oral interview with members of the Department after the application is returned. Check page three (3) to see if this is a requirement at your station.
4. Your application will be reviewed by the PCF Company Officers and the career Firefighters at the station you are applying.
5. After approval by Station personnel, the application will be forwarded to the respective Battalion Chief for review and approval.
6. After approval by the Battalion Chief, the application is sent to Merced Division Headquarters for review and approval by the Division Chief.
7. After approval of the Division Chief, you will be notified by mail to attend the physical agility exam. Included will be the exam date, and Release of Liability Form that must be completed prior to the exam.
8. After successfully completing the physical agility exam, you will notified by mail to attend the scheduled Live Scan appointment. Your appointment date will be included.
9. After successfully completing the Live Scan Procedure, you will be notified by mail to schedule a pre-employment physical. Physical forms and instructions on scheduling a pre-employment physical will be included.
10. After successfully completing the pre-employment physical, you will be notified by mail to attend the new employee processing and orientation. PCF orientation will consist of completing employment hiring paperwork, such as a W-4, pictures for an identification card, and a minimum 4 hour orientation with career personnel.
11. Once you have attended the PCF orientation and processing, you may attend all required training. Completion of the employment process may take several months. The Station to which you have applied can keep you updated on the progress of your application. **DO NOT** call Merced Division Headquarters for this information. If your application is denied, you will be advised in writing as to the reason.
12. Upon completion of required training, you will be issued emergency equipment and a pager.
13. You will be advised by the career personnel at your Station when you can begin responding to emergency incidents.

### **Minimum Training Requirements for PCF Employment**

- Fire Station Orientation .....4 Hours
  - Medical First Responder .....48 Hours
    - Cardio-Pulmonary Resuscitation
    - Blood Borne Pathogens
    - Sudden Infant Death Syndrome
  - Automatic External Defibrillator .....4 Hours
  - First Responder Hazardous Materials .....20 Hours
  - Basic Skills .....54 Hours
    - Structure
    - Wildland
  - Confined Space Awareness .....4 Hours
- Total Hours ..... 134 Hours**

### **Company Specific Requirements for PCF Employment**

Station: \_\_\_\_\_

Check all that apply:

- Interview with Company members
- Company dues - \$\_\_\_\_\_ per year
- Must attend \_\_\_\_\_ Business Meetings before application
- Must attend \_\_\_\_\_ Training Meetings before application
- Must complete required training listed above prior to responding
- Other: \_\_\_\_\_

### **Application Denial**

Your application to become a Merced County Paid Call Firefighter may be denied for the following reasons:

1. Failure to properly complete the application process
2. Failure of Physical Examination
3. Falsification of information on your application
4. Conduct unbecoming the Merced County Fire Department

I have read the preceding requirements and agree to abide with the conditions set forth.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date



# FIRE DEPARTMENT

3500 NORTH APRON AVENUE  
ATWATER, CA 95301  
OFFICE (209) 385-7344  
FAX (209) 725-0174

Name of Applicant: \_\_\_\_\_ Station: \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

18 Or Older  Yes  No Home Phone: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

Date Of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Driver's License No.: \_\_\_\_\_

License Classification: A B C (Circle One) Restrictions: \_\_\_\_\_

Place of Employment and Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Firefighting Experience: \_\_\_\_\_

Character Reference:	Name	Address	Phone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

I certify that all statements on this application are true.

_____	Approved	_____	Date	_____	Applicant's Signature
_____	Approved	_____	Date	_____	Volunteer Chief's Signature
_____	Approved	_____	Date	_____	Station Capt./Eng. Signature
_____	Approved	_____	Date	_____	Battalion Chief's Signature
_____	Approved	_____	Date	_____	Division Chief's Signature



## EMPLOYMENT APPLICATION

An Equal Opportunity Employer

Providing equal employment opportunity to all regardless of sex, race, marital status, religion, ancestry, color, national origin, political affiliation, disability, age, sexual orientation, or other non-merit related reason. California Relay Services (1-800-735-2929) is available for the hearing impaired.

### INSTRUCTIONS

**Thank you for considering employment with Merced County. To make the application process as easy as possible, please read and follow these instructions.**

1. Print legibly in **blue or black ink** or type. Please answer all questions and provide enough detail to allow for full review and evaluation. This application is part of the examination process.
2. A resume may accompany your completed application form, but do not submit a resume in place of completing any part of this application.
3. Complete a separate, original application for each position desired. Make sure the proper **position title** and **position announcement number** appear on each application. Applications and attachments will not be returned and photocopies will not be provided.
4. Applicants must meet all qualifications for the position by the final filing date, unless otherwise specified in the job announcement. An incomplete application may be grounds for rejection. If sufficient information is not provided, an applicant may be required to submit additional proof of qualifications. All information provided is subject to verification.
5. If you require special testing arrangements please notify Human Resources three (3) working days prior to testing.
6. It is the applicant's responsibility to ensure that the application is received within the filing period. Applications must be received in Human Resources NO LATER THAN 5:00 p.m. ON THE FINAL FILING DATE. Late applications will be rejected. Postmarks are not accepted.

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*Please attach any additional information to your application which you feel will help us in our evaluation of your qualifications. Before you return your application to Human Resources, recheck your application to make sure that it is correct, complete, and signed.*

***Thank you for your interest in employment with Merced County.***

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**In order to provide you with a receipt for this application, please complete the following information:**

**Name:** \_\_\_\_\_

**Position Announcement Number:** \_\_\_\_\_

**Position Title:** \_\_\_\_\_

# MERCED COUNTY EQUAL OPPORTUNITY AND EMPLOYMENT REFERRAL SOURCE QUESTIONNAIRE

## An Equal Opportunity-Employer

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To help us carry out our EEO obligations, please indicate if any of the following definitions apply to you.

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Merced County requests that all applicants complete this form in order to comply with United States Government Equal Employment Opportunity requirements. This form will be detached from your application and is kept separate and confidential. The information will be available only to authorized personnel strictly for statistical and analytical purposes. It will not be used to make employment decisions affecting you. Your cooperation in providing this information is appreciated.

**POSITION APPLIED FOR:** \_\_\_\_\_

**JOB SOURCE:** I first learned of this job opening through **(please check one):**

- FRIEND OR RELATIVE       CURRENT COUNTY EMPLOYEE
- MERCED COUNTY HUMAN RESOURCES OFFICE       WEBSITE
- ANOTHER COUNTY HUMAN RESOURCES OFFICE, Specify: \_\_\_\_\_
- MERCED SUNSTAR       OTHER NEWSPAPER, Specify: \_\_\_\_\_
- OTHER MEANS, Specify: \_\_\_\_\_

**ETHNIC ORIGIN:** Please check the one(s) that apply:

- White** (non Hispanic or Latino): All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.
- Black or African American** (non Hispanic or Latino): A person having origins in any of the black racial groups of Africa.
- Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central or American, or other Spanish culture or origin regardless of race.
- Asian** (non-Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- Native Hawaiian or Other Pacific Islander** (non Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islanders.
- American Indian or Alaskan Native** (non Hispanic or Latino): A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment .
- Two or More Races** (non Hispanic or Latino): Persons who identify with two or more racial categories named above.

**GENDER:**  MALE     FEMALE

**AGE:**     UNDER 40     40 OR OVER

**VETERAN OF THE ARMED FORCES?**     YES     NO

**DISABILITY:**     HEARING     SIGHT     SPEECH     PHYSICAL     OTHER



APPLICATION FOR EMPLOYMENT  
 COUNTY OF MERCED  
 HUMAN RESOURCES  
 2222 "M" STREET  
 MERCED, CALIFORNIA 95340  
 (209) 385-7682 FAX (209) 385-7375  
 JOB LINE (209) 385-7516  
 CALIFORNIA RELAY SERVICES (800) 735-2929  
 http:www.co.merced.ca.us  
 Faxed applications **will not be accepted**

**Human Resources Only**

Date entered

Date Stamp

ACCEPTED

**PLEASE INDICATE PREFERENCE**

Full-time  Part-time  Either

**EXTRA HELP – Would you accept temporary employment?**

Yes  No

**WORK LOCATION**

MERCED  LOS BANOS  ALL

**PLEASE PRINT LEGIBLY OR TYPE**

POSITION ANNOUNCEMENT NUMBER		POSITION TITLE		
D.O.B	MONTH/DAY	NAME: LAST	FIRST	MIDDLE INITIAL
HOME PHONE		MAILING ADDRESS		
OTHER PHONE		CITY	STATE	ZIP CODE
E-MAIL ADDRESS				

**DRIVER'S LICENSE – Do you have a valid California Driver's License?**

Yes  No

**EMPLOYMENT ELIGIILITY – In accordance with Federal requirements, can you provide Proof of U.S. citizenship or legal right to work in the United States?**

Yes  No

**MERCED COUNTY EMPLOYMENT – Are you now or have you ever been employed by the County? If YES, give position(s), department(s) and date(s).**

Yes  No

**RELATIVES WITH THE COUNTY – Are you related by blood or marriage to any person(s) Presently Employed by the County?**

Yes  No

**EMPLOYMENT DISMISSALS – Have you ever been discharged from any employment or forced to resign? If yes, give details. (Attach additional sheets if necessary).**

Yes  No

**DO YOU REQUIRE SPECIAL TESTING ARRANGEMENTS BECAUSE OF A DISABILITY? If yes, please Notify Human Resources three (3) working days prior to testing.**

Yes  No

**VETERAN'S PREDERENANCE POINTS – Are you requesting veteran's preference points for this recruitment? If YES, a copy of your DD-214 that includes your discharge status, e.g honorable discharge, must be attached.**

Yes  No

**EDUCATION AND TRAINING**

Check one box  Graduated from High School  Passed GED or Equivalency Test

NAME AND LOCATION OF COLLEGE OR UNIVERSITY ATTENDED	MAJOR SUBJECT	SEMESTER UNITS	QUARTER UNITS	DEGREE RECEIVED	DID YOU GRADUATE?

CALIFORNIA PROFESSIONAL REGISTRATION, LICENSES, CERTIFICATES	NUMBER & ISSUING AGENCY	EXPIRATION DATE

Languages spoken or written other than English

\_\_\_\_\_ Written: Fluent  Good  Fair

\_\_\_\_\_ Spoken: Fluent  Good  Fair

**FOR JOBS REQUIRING TYPING**

Certify skill level:

Typing Speed \_\_\_\_\_ W.P.M NET

**EXPERIENCE:** Please give us enough information to allow for review and evaluation of your work experience and abilities. List the positions you have held Starting with your most recent job. Include relevant volunteer experience. **Hours per week requires a number (one only). Please do not use varies, on call, part time, etc.** If you were employed under another name, write in the name by which you were known to your employer. If additional space is needed, attach a sheet of paper. **This section must be fully completed.** A resume may be attached, but will not be accepted in place of this section.

Dates of Employment to Mo Yr Mo Yr		Employer (Business or Agency Name)		Address		City		State	
Hours Per Week		Title of your Position		No. Employees Supervised		Supervisor's Name and Phone No.			
Reason for Leaving		Type of Work Performed (Be Specific)							
Dates of Employment to Mo Yr Mo Yr		Employer (Business or Agency Name)		Address		City		State	
Hours Per Week		Title of your Position		No. Employees Supervised		Supervisor's Name and Phone No.			
Reason for Leaving		Type of Work Performed (Be Specific)							
Dates of Employment to Mo Yr Mo Yr		Employer (Business or Agency Name)		Address		City		State	
Hours Per Week		Title of your Position		No. Employees Supervised		Supervisor's Name and Phone No.			
Reason for Leaving		Type of Work Performed (Be Specific)							
Dates of Employment to Mo Yr Mo Yr		Employer (Business or Agency Name)		Address		City		State	
Hours Per Week		Title of your Position		No. Employees Supervised		Supervisor's Name and Phone No.			
Reason for Leaving		Type of Work Performed (Be Specific)							

May we contact all employers listed?  Yes  No If "no", indicate exceptions \_\_\_\_\_

If this job requires a specific license or certificate, please list below:

Certificate of Training/Professional Registration	License No./Registration No.	Date Issued	Date Expires
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**REFERENCES:** Give names and addresses of three people, not relatives, that we may contact who have knowledge of you job skills, experience and ability. You may use past employers.

Name	Address	Phone Number	Business or Occupation

**READ THIS STATEMENT BEFORE SIGNING:** My signature certifies that all information on this application is true, including that regarding my education and experience. I understand and agree that any misstatements or omissions of material fact herein will cause forfeiture on my part of all rights of employment with Merced County. I authorize Human Resources to make inquiry of any employment herein named, or of any person having information regarding my job performance and ability. Some positions may be subject to Criminal History Background Checks and Drug and Alcohol Testing.

SIGNATURE

DATE

**(Unsigned applications will not be accepted)**

Revised 8/29/2017