



FIRE DEPARTMENT

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

Paid Call Firefighter or Emergency Medical Responder Pre-Employment Handout and Application

Thank you for your interest in becoming a Paid Call Firefighter (PCF) or Emergency Responder (EMR) for the Merced County Fire Department. Service as a PCF/EMR is a challenging and rewarding way to serve your community in its time of need. As a PCF/EMR, 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 annual training in Cardio-Pulmonary Resuscitation (CPR), EMS First Responder, Hazardous Materials Incident Response, Confined Space Awareness, Basic Firefighting Skills, Anti-Harassment Prevention (EEO), orientation to the Merced County Fire Department, and the specific fire Station to which you are applying. This training will require a minimum commitment of over 151 hours for a PCF and 71 hours for an EMR within your first year of service as well as obtaining 24 calls for the year annually.

Merced County Fire Department PCFs and EMRs 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 Department.

The attached pages and application explains in detail the process of becoming a Paid Call Firefighter or Emergency Responder for the Merced County Fire Department and Station 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.

Applicant Keeps This Page

Requirements for Employment as a Paid Call Firefighter

To apply as a PCF you must:

1. Be 18 years old
2. Have a valid California 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. A current printout of your driving history from the Department of Motor Vehicles must be attached.
3. The Station to which you have applied to can keep you updated on the progress of your application. If your application is denied, you will be advised in writing as to the reason.
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 Assistant Chief.
7. After approval by the Assistant 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. **(EMR applicants don't take the agility exam.)**
8. After successfully completing the physical agility exam, you will notified by mail to schedule an appointment to complete your Live Scan. Your appointment date and location will be included.
9. After successfully completing the Live Scan Procedure, you will be notified by email to schedule a pre-employment physical appointment with Olivewood. Physical forms and instructions on scheduling a pre-employment physical will be included. **(Results may take 30 to 90 days.)**
10. After successfully completing the pre-employment physical, you will be notified by email to schedule an appointment to finalize your application. 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 completed the hiring process, you will be advised by the career personnel at your Station when you can begin the required training and respond to emergency incidents.

Minimum Training Requirements for PCF Employment

- Fire Station Orientation..... 4 Hours
- Medical First Responder..... 48 Hours
 - Cardio-Pulmonary Resuscitation (CPR)
 - Blood Borne Pathogens
 - Sudden Infant Death Syndrome (SIDS)
- Automatic External Defibrillator4 Hours
- First Responder Hazardous Materials20 Hours
- Basic Skills.....54 Hours
 - Structure
 - Wildland
- Confined Space Awareness.....4 Hours
- Continued Education (CE)..... 12 hours including 4 hours of Haz Mat
- Anti-Harassment (EEO)..... 1 hour once every two years
- 1 Annual Performance Evaluation (Must Pass)

Total Hours 151 Hours

Minimum Training Requirements for EMR Employment

- Confined Space Awareness..... 6 hours
- Haz Mat FRO..... 16 hours
- Public Safety First Aid (PSFA)..... 32 hours
- Continued Education (CE).....12 hours including 4 hours Haz Mat
- Anti-Harassment (EEO).....1 hour once every two years

Total Hours..... 71 Hours

Application Denial

Your application to become a Merced County Paid Call Firefighter or Emergency Responder 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

Applicant Name: _____ Station: _____

Applicant's Mailing Address: _____

City: _____ Zip Code: _____ 18 Or Older? Yes No

Cellphone: _____ Alternative Phone: _____ Date of Birth: ____/____/____

Driver's License No.: _____ License Classification (Circle One): A B C

Any Restrictions? If so, please explain. _____

Place of Employment: _____ Occupation: _____

Firefighting Experience: _____

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

I certify that all statements on this application are true.

_____	Applicant's Signature	_____	Date
_____	Volunteer Chief (If Applicable)	_____	Date
_____	Station Capt./Eng. Signature	_____	Date
_____	Battalion Chief's Signature	_____	Date
_____	Assistant Chief's Signature	_____	Date



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.

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.

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

Name: _____

Position Announcement Number: _____

Circle One Position:

Paid Call Firefighter (PCF)

Emergency Responder (EMR)

MERCED COUNTY EQUAL OPPORTUNITY AND EMPLOYMENT REFERRAL SOURCE QUESTIONNAIRE

An Equal Opportunity-Employer

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

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 PREDERENCE 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
---	------------------------------	-------------	--------------

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

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. To 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.	
Salary \$	Type of Work Performed (Be Specific)			
Reason for Leaving				

Dates of Employment To Mo. Yr. To 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.	
Salary \$	Type of Work Performed (Be Specific)			
Reason for Leaving				

Dates of Employment To Mo. Yr. To 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.	
Salary \$	Type of Work Performed (Be Specific)			
Reason for Leaving				

Dates of Employment To Mo. Yr. To 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.	
Salary \$	Type of Work Performed (Be Specific)			
Reason for Leaving				

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

REFERENCES: Give names and addresses of three people, not relatives, that we may contact who have knowledge of your 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

(REVISED 3/04)

(Unsigned applications will not be accepted.)