

FIRE CAPTAIN SUPPLEMENTAL APPLICATION

Name: _____
 Social Security Number: _____
 Candidate ID #: _____

A. EDUCATION:
 Check the box that indicates the highest level of education completed as of **October 3, 2007**. Also indicate the corresponding major and completion date. To receive credit for an AA/AS or BA/BS college degree you must have received your diploma from an accredited institution of post secondary education recognized by the American Council on Education; equivalent units DO NOT qualify as an AA/AS or BA/BS college degree. Acceptable verification is a diploma, transcripts (transcripts must indicate degree issued), or a letter on official letterhead from the educational institution signed by the dean or registrar indicating completion of requirements to obtain a degree. The verification document must include your name, the name of educational institution, the corresponding major, and the completion date.

<input type="checkbox"/> AA/AS Major:	Completion Date:	<input type="checkbox"/> BA/BS Major:	Completion Date:
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B. MEDICAL CERTIFICATION:
 Check the box that indicates the highest level of medical certification attained as of **October 3, 2007**. Acceptable verification is a copy of the front and back sides of your current valid medical card and a copy of the front and back sides of your current valid CPR card. You are required to provide a copy of the front and back sides of your medical and CPR card – even if the back side is blank. No credit shall be given for any medical or CPR card if a copy of the front and back sides are not clearly visible on the verification document. *Note: If the local EMS Agency or EMS Authority issues a card that is the equivalent of one of the medical certifications listed below, please submit your valid card accompanied by a letter on official letterhead from the issuing entity, stating the equivalency (e.g., if you have an EMS card that is equivalent to the CAL FIRE First Responder Medical Card you must verify that you had a minimum of 40 hours of training to receive credit in this section).*

<input type="checkbox"/> First Responder Medical and CPR card	<input type="checkbox"/> EMT-I/II and CPR card	<input type="checkbox"/> EMT-Paramedic and CPR card
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C. CALIFORNIA JOURNEY LEVEL CERTIFICATION:
 Check the box that indicates any journey level certification, at the Fire Apparatus Engineer (FAE) level or above, attained as of **October 3, 2007**. Also indicate issuing agency and completion date. Acceptable verification is a certificate of completion or verification from the California Fire Fighter Joint Apprenticeship Committee (CFFJAC) or the CAL FIRE Academy Administrative Training Manager indicating successful completion of an FAE-level training program.

<input type="checkbox"/> CFFJAC	Issuing Agency:	Completion Date:
<input type="checkbox"/> Journey Level Equivalency Approved by CAL FIRE SubJAC	Issuing Agency:	Completion Date:

D. SPECIALIZED CERTIFICATIONS:
 Check the box(es) that indicate the certificate course(s) you have successfully completed and for which you have received your certificate as of **October 3, 2007**. For National Wildfire Coordinating Group (NWCG)/Incident Command System (ICS) courses, list only 300-level and above courses including class title and course number. Acceptable verification is a certificate of course completion, a copy of agency “red card” or an approved California Incident Command Certification System (CICCS) certification.

<input type="checkbox"/> State Fire Marshal (SFM) California Fire Service Training and Education System (CFSTES) Fire Officer	<input type="checkbox"/> SFM CFSTES Command 1A/Fire Command 1A
<input type="checkbox"/> SFM CFSTES Command 1B/Fire Command 1B	<input type="checkbox"/> SFM CFSTES Command 1C/I-Zone Fire Fighting for Company Officers
<input type="checkbox"/> SFM CFSTES Instructor 1A/Fire Instructor 1A	<input type="checkbox"/> SFM CFSTES Instructor 1B/Fire Instructor 1B
<input type="checkbox"/> SFM CFSTES Prevention 1A/Fire Prevention 1A	<input type="checkbox"/> SFM CFSTES Prevention 1B/Fire Prevention 1B
<input type="checkbox"/> SFM CFSTES Investigation 1A/Fire Investigation 1A	<input type="checkbox"/> SFM CFSTES Management 1/Fire Management 1
<input type="checkbox"/> SFM CFSTES or California Specialized Training Institute Hazardous Materials Technician or Specialist	<input type="checkbox"/> SFM CFSTES Driver/Operator I/Fire Apparatus Driver/Operator I
<input type="checkbox"/> SFM Fire Service Training and Education Program (FSTEP) Confined Space Rescue Operations	<input type="checkbox"/> SFM FSTEP Rescue Systems 1 – Basic Rescue Skills or SFM FSTEP Basic Heavy Rescue
<input type="checkbox"/> SFM FSTEP Rescue Systems 2 – Advanced Rescue Skills	<input type="checkbox"/> FI-210 Wildfire Origin and Cause Determination

D. SPECIALIZED CERTIFICATIONS <i>continued</i>:			
<input type="checkbox"/> NWCG/ICS Title:	Course #:	<input type="checkbox"/> NWCG/ICS Title:	Course #:
<input type="checkbox"/> NWCG/ICS Title:	Course #:	<input type="checkbox"/> NWCG/ICS Title:	Course #:
<input type="checkbox"/> NWCG/ICS Title:	Course #:	<input type="checkbox"/> NWCG/ICS Title:	Course #:
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<input type="checkbox"/> NWCG/ICS Title:	Course #:	<input type="checkbox"/> NWCG/ICS Title:	Course #:

E. SUPERVISORY/PERSONNEL MANAGEMENT EXPERIENCE:
 Using only the space provided below, specifically describe and articulate your past and current personnel management duties and responsibilities in a supervisory and/or lead capacity in an emergency response organization. Include the number and type of employees you have managed (e.g., volunteer or paid).

F. PROJECT/PROGRAM MANAGEMENT EXPERIENCE:
 Using only the space provided below, specifically describe and articulate your past and current duties and responsibilities managing special programs/projects (e.g., training, fire prevention, prescribed fire, etc.).

I hereby certify and understand that the information provided by me on this supplemental application is true and complete and subject to verification. To the best of my knowledge it contains no willful misrepresentation or falsifications. I understand that if it is discovered that I have made any false representations, I may be removed from the eligible list(s) resulting from this examination. I also understand that all verification documents must be attached to my supplemental application and postmarked no later than October 3, 2007. Candidates who return their supplemental application or verification documents after the postmark date may be eliminated from the examination.

SIGNATURE	DATE
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