Holtville Fire Department

Qualifications and Requirements For Paid Per Call Firefighters

1. Minimum age of 18 years.
2. High school graduate with diploma or GED (submit copy)
3. Submit an approved application and sign an oath of affirmation.
4. Have a reliable vehicle for transportation and maintain current auto insurance coverage (submit copy).
5. Possess a valid California driver's license (submit copy) and have an acceptable driving record (submit copy).
6. Upgrade driver's license to a Class B within one (1) year of date of hire.
7. Weight must be in fair proportion to height and be maintained as such.
8. Pass a medical exam, including drug screening.
9. Pass physical agility and written tests.
10. Submit to periodic (monthly or quarterly) physical abilities assessments.
11. Live within 5 miles of the Holtville Fire Department station; or, ensure that you are within a five-minute response time when on stand-by duty.
12. Serve stand-by duty on a rotating basis.
13. Exhibit fluency in English (oral and written).
14. Complete Recruit Orientation Training within 45 days from date of hire with a minimum score of 70%.
15. Attend a minimum of 6 hours of scheduled drill training per month.
16. Possess current certification in CPR and EMT I or obtain within one (1) year from date of hire.
17. Possess current certification in Hazardous Materials First Responder Operations (FRO) or obtain within one (1) year from date of hire.
18. Successfully complete the requirements of the state board of fire services "Firefighter Training Program".
19. Abide by department rules, regulations, standard operating guidelines, and requirements as may be adopted or revised.
20. Successfully complete the one (1) year probationary period.
21. Any discrepancies in the application or requirements are grounds for release from service at any time.

I understand and agree to comply with the above requirements.

Signature: _____ Date: _____

Printed Name: _____ Phone: _____

Street Address: _____ Cell: _____

City & Zip: _____ Pager: _____

E-mail Address: _____ CDL: _____

Social Security: _____ DOB: _____

Emergency Contact: _____ Contact Phone: _____