

## CZU ECC Information Sheet for NEW and RETURNING Employees

Last Name \_\_\_\_\_ Middle \_\_\_\_\_ First Name \_\_\_\_\_

Date of Birth: (DAY ONLY) do not need month or year \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Carrier \_\_\_\_\_

Personal Email \_\_\_\_\_

Assigned Station \_\_\_\_\_ Hire Date \_\_\_\_\_

Emergency Contacts:			
	Name	Cell Phone #	Alternate Phone #
1st:	_____	_____	_____
2nd:	_____	_____	_____
3rd:	_____	_____	_____

**\*\*Did you transfer from another CALFIRE Unit or other Fire Agency? If so, which one \_\_\_\_\_**

Status (check one)	
Paramedic	
Limited Term	
Permanent	
Seasonal	

Classification (check one)	
Fire Fighter 1	
Fire Fighter 2	
Fire Apparatus Engine	
Fire Captain	
Battalion Chief	
Division Chief	

Classification (check one)	
Comm Op	
HFEO	
Forester	
DSI	
Office Staff	
Forestry Aid	

**\*\*Please remember to forward your certifications/qualifications to the training office\*\***

### \*ECC USE BELOW\*

Upon Hiring	
IROC	
CAD/PER	
CAD/RES	
VESTA	
SMART BOARD	
HT	
CELL PHONE	
PAGER	
CDF -31	
PERSONNEL ID	

Upon Separation	
IROC	
CAD/PER	
CAD/RES	
VESTA	
SMART BOARD	
HT	
CELL PHONE	
PAGER	
CDF -31	

RECEIVED \_\_\_\_\_