CZU ECC Information Sheet
for NEW and RETURNING Employee

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:	_____	_____	_____

****Did you transfer from anther CALFIRE Unit or other Fire Agency? If so, which one _____**

Status (check one)	
Limited Term	
Paramedic	
Permanent	
Seasonal	

Classification (check one)	
Glenwood Fire Crew	
Fire Fighter 1	
Fire Fighter 2	
Fire Apparatus Engineer	
Fire Captain	
Battalion Chief	
Deputy Chief	
Division Chief	

Classification (check one)	
AGPA	
Com Op	
DSI	
Forester	
Forestry Aid	
FPS/SSA	
GMEC	
HFEO	

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

ECC USE ONLY

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

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

RECEIVED _____

Revision 01/06/2026