

**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 another CALFIRE Unit or other Fire Agency? If so, which one _____**

Status (check one)	
Limited Term	<input type="checkbox"/>
Paramedic	<input type="checkbox"/>
Permanent	<input type="checkbox"/>
Seasonal	<input type="checkbox"/>

Classification (check one)	
Glenwood Fire Crew	<input type="checkbox"/>
Fire Fighter 1	<input type="checkbox"/>
Fire Fighter 2	<input type="checkbox"/>
Fire Apparatus Engineer	<input type="checkbox"/>
Fire Captain	<input type="checkbox"/>
Battalion Chief	<input type="checkbox"/>
Deputy Chief	<input type="checkbox"/>
Division Chief	<input type="checkbox"/>

Classification (check one)	
AGPA	<input type="checkbox"/>
Com Op	<input type="checkbox"/>
DSI	<input type="checkbox"/>
Forester	<input type="checkbox"/>
Forestry Aid	<input type="checkbox"/>
FPS/SSA	<input type="checkbox"/>
GMEC	<input type="checkbox"/>
HFE0	<input type="checkbox"/>

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

ECC USE ONLY			
Upon Hiring		Upon Separation	
QMS	<input type="checkbox"/>	QMS	<input type="checkbox"/>
IROC IRWIN ID	<input type="checkbox"/>	IROC	<input type="checkbox"/>
CAD/PER	<input type="checkbox"/>	CAD/PER	<input type="checkbox"/>
CAD/RES	<input type="checkbox"/>	CAD/RES	<input type="checkbox"/>
VESTA	<input type="checkbox"/>	VESTA	<input type="checkbox"/>
SMART BOARD	<input type="checkbox"/>	SMART BOARD	<input type="checkbox"/>
TABLET COMMAND	<input type="checkbox"/>	TABLET COMMAND	<input type="checkbox"/>
CDF-31	<input type="checkbox"/>	CDF -31	<input type="checkbox"/>
HT	<input type="checkbox"/>	HT	<input type="checkbox"/>
PAGER	<input type="checkbox"/>	PAGER	<input type="checkbox"/>
CELL PHONE	<input type="checkbox"/>	CELL PHONE	<input type="checkbox"/>

RECEIVED _____