

## SUPPLEMENTAL QUESTIONNAIRE

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Please indicate which, if any, of the following certifications you have:**

	CSFM Firefighter 1, or Firefighter 1 Academy Graduate
	California EMT-B
	California Paramedic
	California Ambulance Drivers License
	Healthcare Provider CPR
	ACLS
	PHTLS/ITLS
	PALS/PEPPS
	Haz Mat First Responder- Operations
	Driver 1A

**Please attach copies of certificates with your application and this questionnaire.**