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DEPARTMENT OF FIRE-RESCUE

Auxiliary Firefighter Interest Form

Complete and return to: fire@santafesprings.gov

Applicant Information

Name: _____

Phone Number: _____

Email Address: _____

1. How did you hear about the Auxiliary Firefighter program?

2. What Fire Academy did you attend and when?

3. Do you know anyone that works for the Santa Fe Springs Department of Fire-Rescue?

No Yes

If yes, please provide name(s) and relationship:

4. Have you ever worked for any other Fire Departments?

No Yes

If yes, please list where, when, and what position(s) you held:

5. Do you currently have a full-time or part-time job?

Full-Time Part-Time Not Currently Employed

If yes, please provide employer, length of employment, and position held:



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6. Availability and Commitment

As an Auxiliary Firefighter, you will be assigned one weekday (Monday–Friday) and must commit to a **24-hour shift each week** on the same day.

Which days of the week are you available? (Check all that apply)

Monday Tuesday Wednesday Thursday Friday

Will committing to the same day each week be an issue?

No Yes (please explain)

(Note: Assigned days are based on availability of open positions.)

7. What positive character traits do you possess?

8. Why have you chosen to pursue a career in the fire service? (Brief answer)

9. Do you meet all minimum qualifications and requirements for the position of Auxiliary Firefighter as stated on the Auxiliary Information web page?

No Yes

Applicant Signature: _____ **Date:** _____