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Heartland Fire Training Authority

38TH HEARTLAND FIRE ACADEMY APPLICATION INSTRUCTIONS

Please read the information provided to you in the following pages and follow the instructions carefully when filling out your application. Incomplete application packages, or failure to comply with these procedures, may preclude your acceptance into the academy.

Fill out the attached application completely and return it before 5:00pm on Friday, October 25th, 2024. **It is the applicant's responsibility to ensure that all pertaining documents arrive with your application packet**. All supporting documents must be in your application package for you to be considered for the academy.

If submitting application electronically, send completed packet to info@heartlandfiretraining.org with the subject line title "38TH HEARTLAND FIRE ACADEMY APPLICATION - YOUR NAME"

IF MAILING APPLICATION PACKET OR DELIVERING APPLICATION PACKET IN-PERSON:

Heartland Fire Training Facility Attn: Office of the Training Manager 1301 N. Marshall Ave El Cajon CA 92020

Office Hours for Delivery

Monday – Friday 7:30 AM. to 3:30 PM

Phone: (619) 441-1693

A COMPLETE APPLICATION SHOULD INCLUDE THE FOLLOWING ITEMS:

- Candidate application (form attached)
 - o Application should be typed out (no handwritten applications will be accepted)
- Copies of certificates, transcripts for all prerequisite courses that have been completed.
 - o All copies must be submitted in PDF format
- Completed Heartland Fire Training Authority Questionnaire
 - o Submit questionnaire answers in PDF format

OPTIONAL ITEMS:

- Resume
- Letters of recommendation (*maximum of two*)
- Copies of any additional related certifications, CPR, EMT-B, EMT-P, etc.
- Certificate of release or discharge from active duty (DD214) if applicable

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Heartland Fire Academy Open Enrollment Application

NO OTHER FORM OF APPLICATION WILL BE ACCEPTED

INSTRUCTIONS (please read carefully): This application is an initial part of the candidate evaluation process. Please apply only if you feel reasonably certain that you meet the requirements as described in the position flyer. Fill this application out completely. Please notify us promptly if you have a change of address, phone or email.

Full Name (Last, First MI)					Date of Birth	DATE	of APPLICATION	
Home Address					City	State	Zip Code	
Mailing Address (if different	from home a	address)				<u> </u>	-	
Home Phone	Cell P	hone*	Driver's License Number		State	Exp. Date		
EMAIL ADDRESS:								
		Name a	nd Loc	ation of Hi	gh School:			
Circle Highest Grade Completed		9 10 11 12		Diploma	GED			
Circle Highest Degree Completed		A.A. / A.S.		B.A. / B.S.	M.A. / M.S.			
Include relevant educa	ation and tra	ining, includ			, technical and i	in-service co	ursework <u>.</u>	
School Name Location (city and state)	Dates of Attendance		Units/Hours Completed		Course/Ser		Degree/Certificate	
	From Mo / Yr.	To Mo / Yr.	Sem.	Qtr.	or Major Field R		Received & Year	
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Attach PDF copies of all diplomas, certifications, licenses, etc.



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ADDITIONAL WORK EXPERIENCE:

Beginning with your current or most recent position, list all positions you have held for at least the last 10 years; account for periods of unemployment. **Each title change or promotion should be listed and detailed separately.** If additional space is needed, please make copies of this page or attach additional sheets in a similar format.

From: / /	Employer:					
To: / /	Address:					
Total Yrs: Mos:	Job Title/Assignment:					
Hours/Week:	Duties					
Number Supervised:						
Supervisor:	Title: Phone: ()					
Reason for leaving:						
From: / /	Employer:					
To: / /	Address:					
Total Yrs: Mos:	Job Title/Assignment:					
Hours/Week:	Duties					
Number Supervised:						
Supervisor:	Title: Phone: ()					
Reason for leaving:						
From: / /	Employer:					
To: / /	Address:					
Total Yrs: Mos:	Job Title/Assignment:					
Hours/Week:	Duties					
Number Supervised:						
Supervisor:	Title: Phone: ()					
Reason for leaving:						
From: / /	Employer:					
To: / /	Address:					

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Total Yrs: Ocon Mos. 1977	Job Title/Assignment:		
Hours/Week:	Duties		
Number Supervised:			
Supervisor:	Title:	Phone: ()
Reason for leaving:			

CERTIFICATE OF APPLICANT (Read carefully before signing): I hereby certify that all statements made in this application and on all supplemental information provided are true, and I agree and understand that any misstatement of facts may cause disqualification from or forfeiture of placement in the Heartland Fire Academy. I authorize the Heartland Fire Training Authority personnel members to make any necessary and appropriate investigations to verify the information provided.

NAME (PRINT):	DATE:
SIGNATURE:	DATE:

PROFILE - TELL US ABOUT YOU

Please type answers on a separate sheet. NOT TO EXCEED 1 PAGE (Responses should be typed in size 12 - Times New Roman font, double spaced)

- 1. Why are you interested in the fire service and why should we select you for the 38^{th} Heartland Fire Academy?
- 2. Do you have the flexibility in your work-life/home-life schedule to fully devote your time and effort throughout the duration of the Heartland Fire Academy? Explain what your weekly schedule will look like during the academy.
- 3. What is your goal after completing the Heartland Fire Academy?
- 4. The mandatory interview date is November 6th, can you attend this date?
- 5. The mandatory orientation date is December 2nd, can you attend this date?
- 6. What final impression would you like us to remember you by?