

PACIFIC COUNTY FIRE PROTECTION DISTRICT #1
P.O. Box 890 - 26110 Ridge Avenue
Ocean Park, WA 98640
360-665-4451 FAX 360-665-4909

APPLICATION FOR EMPLOYMENT

Fire District 1 is an equal opportunity agency. It is the policy of Fire District 1 not to discriminate in accordance with the requirements of all applicable state & federal laws, on the basis of race or creed, color, religion, national origin, sexual orientation, covered veteran status, marital status, handicapping condition, political affiliation, pregnancy, gender identity or age.

Date: _____ / _____ / _____ Position Applying For: _____

Are you interested in a part-time Y N or temporary Y N position? When are you available for employment? _____

Full Name: _____

Mailing Address: _____ State: _____ Zip: _____

Physical Address: _____ Phone No. (____) _____

City: _____ State: _____ Zip: _____

GENERAL

Are you willing to take a physical examination, if it is required for the job you are applying for? _____

Have you ever been convicted of any law violation (except a minor traffic violation) within the last ten (10) years? Yes ___ No ___

If yes, give a brief explanation _____

Have you ever been found in any proceeding to have violated any state or federal law or rule regarding the practice of a health care profession? Yes _____ No _____

Have you ever been convicted of abusing a child, developmentally disabled person or vulnerable adult? Yes _____ No _____

Have you served as a member of any U.S. armed forces? Yes _____ No _____

Can you perform the essential elements of the position with or without reasonable accommodation? Yes ___ No ___

*Call 665-4451 and ask for Human Resources, if you require accommodation(s) to complete the application, testing, or interview process.

DRIVERS LICENSE INFORMATION

You must have a valid driver's license and proof of auto insurance (copy to be provided upon offer of employment).

Driver's license #: _____ State _____ Expiration date: _____ / _____ / _____

Auto Insurance Co: _____

WORK HISTORY

Please list all positions held for the past 10 years, *paid or volunteer*, listing the most recent position first.

Name of Employer, Address, City, State, Zip Code	Name of Last Supervisor	Employed From: To:
Title:	Telephone No.:	Salary:
Reason for Leaving:		
Duties:		
Name of Employer, Address, City, State, Zip Code	Name of Last Supervisor	Employed From: To:
Title:	Telephone No.:	Salary:
Reason for Leaving:		
Duties:		
Name of Employer, Address, City, State, Zip Code	Name of Last Supervisor	Employed From: To:
Title:	Telephone No.:	Salary:
Reason for Leaving:		
Duties:		
Name of Employer, Address, City, State, Zip Code	Name of Last Supervisor	Employed From: To:
Title:	Telephone No.:	Salary:
Reason for Leaving:		
Duties:		

EDUCATION

<u>High School, College, Vocational Schools</u>	<u>Diploma or Degree</u>	<u>Course of Study</u>	<u>Dates Attended</u>

RELATED TRAINING

EMERGENCY MEDICAL RELATED TRAINING:

WA State EMT Level of Certification _____ ACLS _____ PHTLS _____
National Registry EMT Level of Certification _____ PALS _____
No. of Years of EMS Experience with a Transporting Agency _____
Other: _____

FIRE RELATED TRAINING:

IFSAAC Firefighter I or Equivalent _____ No. of years of Firefighting Experience _____
Wildland Firefighter II _____
Other: _____

OTHER RELATED TRAINING (i.e. Associate's Degree in Fire Science, EMT, or related field)

REFERENCES

Please give the name and address of at least two persons who are not related to you for personal references:

Name: _____ Address: _____ Phone: _____

APPLICANT'S STATEMENT

I certify that all information I have provided is true, complete and correct.

I understand that I must complete a rigorous training program and meet certain physical requirements and I am aware there is a probationary period.

I understand that any information provided by me that is found to be false, incomplete or misrepresented, will be cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I further understand that an offer of employment is conditional based on proper employment authorization, favorable background verification, ability to perform the essential functions of the job (with or without reasonable accommodations) and passing a pre-employment medical exam and drug screen.

Washington law prohibits smoking in public facilities, therefore the applicant agrees to refrain from tobacco products within the facility, surrounding grounds, or company owned vehicles.

I also understand that if I am hired, I will be required to provide proof of identity, a valid driver's license, legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms as stated above.

SIGNATURE OF APPLICANT

DATE

For Office Use Only

Interview Date: _____

Interviewer: _____ Date: _____ / _____ / _____

NAME: _____

Under Federal Law, an individual is not required to fill out the following information prior to acceptance, it can only be provided on a voluntary basis until the time of acceptance. The following information is requested only to expedite the application process.

The following information is provided voluntarily (please initial) _____

Are you between 18 and 70 years old? Yes _____ No _____

Social Security Number _____ - _____ - _____

Can you provide proof of a legal right to work in the United States after hire? Yes _____ No _____

The following information is required by the Federal Government in order to monitor compliance with Federal laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.

Ethnicity: _____ Hispanic or Latino _____ Not Hispanic or Latino

Race: _____ American Indian / Alaskan Native _____ Asian
_____ Black or African American _____ Native Hawaiian or Pacific Islander
_____ White

Sex: _____ Female _____ Male