

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, creed, color, religion, national origin, sex, veteran status, ancestry, marital status, physical or mental handicap or age.

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Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Position Applying For: \_\_\_\_\_

Would you be interested in a part-time Y N or temporary Y N position?

When are you available for employment? \_\_\_\_\_

Name: \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Mailing Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**GENERAL**

Are you between 18 and 70 years old? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a U.S. citizen or able to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

Would you take a physical examination, if it were required for the job which you are applying? \_\_\_\_\_

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

Have you ever been convicted of any law violation? (Except a minor traffic violation) 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 \_\_\_\_\_

**DRIVERS LICENSE INFORMATION**

You must have a valid driver's license and proof of auto insurance. (Please provide a copy of your driver's license and proof of insurance.)

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**

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

**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:**

NPFA Firefighter I \_\_\_\_\_ 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

