

Grant County Fire Protection District 3 Application for Service

Volunteer Program ___
Reserve Program ___
Resident Program ___
Career Firefighter ___
Office Use Only

Please **print** clearly - Use other side if necessary

Date Received _____ Position (s) Applied for _____

Full Name _____

Address _____ City _____ Zip _____

Phone _____ Message/Work Phone _____

E-Mail Address _____

Social Security # _____ Driver License # _____

Date of Birth _____ Height _____ Weight _____

Employment History: (List 3)

Employer _____ Normal Hours _____

Supervisors Name _____ Phone _____

Job Responsibilities _____

Previous Employer _____ Phone _____

Supervisors Name _____ Length of employment _____

Job Responsibilities _____

Reason for Leaving _____

Previous Employer _____ Phone _____

Supervisors Name _____ Length of Employment _____

Job Responsibilities _____

Reason for Leaving _____

Education:

Name of High School attended _____

Graduated? _____

Name of College / Trade School attended _____

Graduated? _____ Major _____

Name of College / Trade School attended _____

Graduated? _____ Major _____

Medical Emergency:

In case of emergency notify: _____ Phone _____

List allergies or conditions that could affect emergency treatment:

List Physical restrictions that could limit effectiveness as a firefighter:

Legal:

Have you been convicted of any crime (felony or misdemeanor) in the past 10 years? If yes, please explain.

Have you received any moving traffic violations in the last 3 years? If yes, explain.

References: (List 3 non-family members)

Name _____ Relationship _____

Phone _____

Name _____ Relationship _____

Phone _____

Name _____ Relationship _____

Phone _____

Have you completed a basic entry-level firefighter course? ____ Yes ____ No ____ Level

Have you completed any wildland firefighter course? ____ Yes ____ No ____ Level

Do you have any current emergency medical certificates? ____ Yes ____ No ____ Level

Please include copies of certificates or documentation.

I understand that any information contained within this application may be verified and that all information obtained as a result of this application is confidential and will be used only for the purpose of determining membership/employment. I understand that if I am accepted by Fire District 3, I may be subjected to drug and/or alcohol testing and/or physical examinations. I agree to keep Fire District 3 informed as to any changes of the information contained in this application (change of address, phone, convictions, traffic violations, etc.) I also understand that false statements or omissions of information will make this application void and may terminate my membership/employment.

Date _____ Signed _____

AUTHORIZATION TO RELEASE INFORMATION

I authorize you to furnish Grant County Fire Protection District #3 with any and all information that you have concerning me, my work record and my reputation, not prohibited by the Washington State Law Against Discrimination RCW 49.60 and regulations concerning Fair Pre-Employment Inquiries. This will include a criminal background check.

Information of a confidential or privileged nature may be included. Your reply will be used to assist Fire District 3 in determining my qualifications and fitness for the position I am seeking with the Fire District.

I further understand that the District may, from time to time, request an updated driving and/or criminal background check.

I hereby release you, your organization and others from any liability or damage, which may result from furnishing the information requested.

Print Name

Signature

Date

SUBSCRIBED AND SWORN TO before me this _____ day of _____,
_____.

Notary Public in and for the State of Washington
Residing in Grant County