

APPLICATION FOR EMPLOYMENT / AFFILIATION

Please return to: Duval-King County Fire District 45 15600 First Avenue NE PO Box 338 Duval, WA 98019 Fax: 425-788-0199 Questions? Please call 425-788-1625		Date Received _____ Official Use Only
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KING COUNTY FIRE DISTRICT 45 IS AN EQUAL OPPORTUNITY EMPLOYER.
 QUALIFIED APPLICANTS RECEIVE CONSIDERATION FOR EMPLOYMENT WITHOUT DISCRIMINATION BECAUSE OF RACE, COLOR,
 NATIONAL ORIGIN, SEX, RELIGION, AGE, MARITAL STATUS, VETERAN STATUS, SEXUAL ORIENTATION, OR DISABILITY.

PLEASE COMPLETE THIS APPLICATION BY HAND WITH BLACK OR BLUE INK.

POSITION APPLIED FOR: (Choose one)	<input type="checkbox"/> FIREFIGHTER <input type="checkbox"/> VOLUNTEER EMT <input type="checkbox"/> SUPPORT VOLUNTEER <input type="checkbox"/> OTHER	TODAY'S DATE: _____ DATE AVAILABLE: _____
LAST NAME FIRST NAME MI OTHER NAME(S)		
STREET ADDRESS _____ CITY/STATE/ZIP _____		
HOME TELEPHONE: _____ MESSAGE TELEPHONE: _____		
EMAIL ADDRESS: _____ CELL PHONE: _____		
VALID WA STATE DRIVER'S LICENSE? ___ Yes ___ No If other State, which? _____		
SPECIAL ENDORSEMENTS/LICENSES: _____		
TRAFFIC VIOLATIONS: Have you ever been convicted, pleaded no contention or paid a fine for any traffic violations in the past five (5) years? ___ Yes ___ No If yes, please explain: _____ <div style="text-align: center;">Use additional sheets if necessary</div>		
CURRENT EMERGENCY MEDICAL TECHNICIAN? ___ Yes ___ No If yes, which State/County? _____		
VALID AMATEUR RADIO LICENSE? ___ Yes ___ No If yes, Call Sign: _____		
Applicants must be at least 18 years of age at time of application. Are you at least 18 years of age? ___ Yes ___ No		
If you need any form of accommodation to participate in the application or testing process, please provide reasonable notice to Human Resources at (425)788-1625		

TRAINING AND EDUCATION

Circle highest grade completed in school: 9 10 11 12 GED College: 1 2 3 4 Graduate School: 1 2 3 4				
Have you completed EMT training? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when & where?				
SCHOOLS / OTHER TRAINING	Location	Subject/Major	Degree/Certificate	Date Completed
Please attach copies of any training/certifications (including CPR/First Aid/ICS/NIMS/Fire Academy) you have achieved.				

WORK HISTORY: PLEASE COMPLETE THIS SECTION. You may attach a resume, but sections must be complete for your application to be considered. Begin with your current or most recent employment, and include periods of self-employment and U.S. military service. Attach extra pages if necessary in order to list your work experience for the last 10 years.

EMPLOYER'S NAME

POSITION

CITY AND STATE

FROM (MO/YR):

TO (MO/YR):

HOURS WORKED PER WEEK

SUPERVISOR

SUPERVISOR'S PHONE NUMBER

May we contact this supervisor for a reference?

☐

Yes

☐

No

Number of employees supervised by you:

PRIMARY DUTIES:

REASON FOR LEAVING:

EMPLOYER'S NAME

POSITION

CITY AND STATE

FROM (MO/YR):

TO (MO/YR):

HOURS WORKED PER WEEK

SUPERVISOR

SUPERVISOR'S PHONE NUMBER

May we contact this supervisor for a reference?

☐

Yes

☐

No

Number of employees supervised by you:

PRIMARY DUTIES:

REASON FOR LEAVING:

EMPLOYER'S NAME

POSITION

CITY AND STATE

FROM (MO/YR):

TO (MO/YR):

HOURS WORKED PER WEEK

SUPERVISOR

SUPERVISOR'S PHONE NUMBER

May we contact this supervisor for a reference?

☐

Yes

☐

No

Number of employees supervised by you:

PRIMARY DUTIES:

REASON FOR LEAVING:

REFERENCES (Please include two professional and two personal references.)

NAME

RELATIONSHIP TO YOU

PHONE

AGREEMENT, CERTIFICATION, AND AUTHORIZATION

I hereby certify, under penalty of perjury in the State of Washington, that this application contains no willful misrepresentation and that the information given is true and complete to the best of my knowledge and belief. I understand that falsification of this application will be grounds for elimination from further consideration or, if employed, for dismissal at any time. _____ (Initial Here)

I authorize the District to solicit information regarding my character, general reputation, previous employment and similar background information, and to contact any and all references I have given on my application under the provisions found in RCW 4.24.730. I hereby release all parties and persons connected with any such request for information from all claims, liabilities, and damages for any reason arising out of the furnishing of such information. If employed, I release the District from any liability for future references it may provide regarding my work history with the District. _____ (Initial Here)

In the event of employment, I will be required to abide by all King County Fire District 45 policies, rules & regulations. I understand that this application is not intended to be a contract for employment and that King County Fire District 45 reserves the right to make changes in conditions and benefits of employment. I further agree that if the District advances any paid leave before it has been accrued or advances any money during the course of my employment, or if I lose, damage, or fail to return any District property, the District is authorized to deduct from my wages sufficient funds to repay such advances or to replace its property. _____ (Initial Here)

I certify that I am not engaged in any outside activity or business that could be considered in conflict with the District's interest, nor will I become engaged in such activity or business if employed. _____ (Initial Here)

I understand that, if selected, I will be required to provide proof of my identity and my legal right to work in the United States prior to actual employment with King County Fire District 45. _____ (Initial Here)

I consent to drug testing as may be requested by King County Fire District 45 representatives. _____ (Initial Here)

I certify that I reside within King County Fire District 45(*volunteers only*). _____ (Initial Here)

SIGNATURE OF APPLICANT (REQUIRED)

DATE



AUTHORIZATION TO RELEASE EMPLOYMENT AND EDUCATION RECORDS

I, the undersigned applicant for employment with King County Fire District 45, authorize the District to solicit information regarding my previous employment, education, background information and to contact references I have provided on my application in consideration of the review of my employment application. I hereby release and authorize any current or former employer to release to King County Fire District 45 all records of my employment retained by my employers. I also hereby release and authorized any educational institution to release to King County Fire District 45 records pertaining to my enrollment.

I agree to waive any claim or cause of action relating to such release of employment and education records and promise to defend and hold harmless King County Fire District 45, its officers and employees from any claim or loss arising from such release.

It is my written intention that any copy of this authorization be as effective as the original.

Signature

Date