



## Pend Oreille County Fire District #2

P.O. Box 287 Lone, WA 99139

509-442-2311

### Employment/Volunteer Application

#### Applicant Information

Full name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*Last First Middle*

Social Security Number: \_\_\_\_\_ Driver License Number: \_\_\_\_\_ State: \_\_\_\_\_

#### Residence

Address: \_\_\_\_\_  
Street Address Apartment/Unit#

City State Zip code How long at this address?

#### Mailing

Address: \_\_\_\_\_  
Street Address

City State Zip code

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_ Uniform Shirt Size: \_\_\_\_\_ Pant Size: \_\_\_\_\_ Hat Size: \_\_\_\_\_

Do you have any medical conditions that will inhibit you from conducting firefighting or EMS skills? If yes, explain below.

Dates Available for interview: \_\_\_\_\_

*Do you have, or can you obtain a Washington State driver's license?*  Yes  No

*Have you ever volunteered before?*  
*If yes, when and where?*  Yes  No

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*Have you ever been convicted of a felony or misdemeanor in the past 10 years? If yes, explain below.*  Yes  No

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**Any additional information should be written below.**

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Applicant Education

High School: \_\_\_\_\_ Highest Grade Level Achieved: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?: \_\_\_\_\_ Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Course of Study: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?: \_\_\_\_\_ Diploma: \_\_\_\_\_

Trade School: \_\_\_\_\_ Trade: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?: \_\_\_\_\_

**List below valid licenses and certificates of professional or vocational competence or relevance to the position you are applying for.**

License/Certificate	License/Certificate Number	Expiration Date
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1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

5) \_\_\_\_\_

6) \_\_\_\_\_

7) \_\_\_\_\_

8) \_\_\_\_\_

9) \_\_\_\_\_

10) \_\_\_\_\_

### Applicant References

*Please list three professional references.*

Full name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Full name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Full name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

### Previous Employment

*Past 10 years of employment. A resume could be used in lieu of filling out this section.*

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for leaving?: \_\_\_\_\_

May we contact this employer for reference?  Yes  No

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for leaving?: \_\_\_\_\_

May we contact this employer for reference?  Yes  No

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for leaving?: \_\_\_\_\_

May we contact this employer for reference?  Yes  No

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for leaving?: \_\_\_\_\_

May we contact this employer for reference?  Yes  No

**Military Service**

*Please attach DD214.*

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain:

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**Miscellaneous**

How did you hear about Pend Oreille County Fire District #2?

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**Notices**

**Pend Oreille County Fire District #2(POCFD#2) is an equal employment opportunity employer. All qualified candidates will receive consideration without regard to race, color, religion, sex, national origin, age, and disability. POCFD#2 will reasonably accommodate candidates with disabilities as required by law.**

**POCFD#2 is a tobacco and drug free workplace. You will be required to complete a drug test prior to Membership.**

**Applicant authorization and consent for release of information**

I, the undersigned applicant for membership with POCFD#2, in consideration of the review of my membership application, do authorize POCFD#2 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. 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 furnishing such information. If employed, I release POCFD#2 from any liability for future references it may provide regarding my employment with the POCFD#2. Pursuant to RCW 43.43.834, background checks are available to the applicant upon request. It is my intention that any copy of this authorization be as effective as the original.

\_\_\_\_\_  
Applicant Printed Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Disclaimer and Signature**

I certify that my answers are true and complete to the best of my knowledge. I understand that any misstatement, failure to answer fully or omission of fact in this application may result in my not being considered in the selection process or may result in my dismissal after membership. I understand that acceptance of an offer of membership does not create a contractual obligation upon POCFD#2 to continue to retain me in the future. For determination of my potential membership eligibility, I hereby authorize release of educational, police, criminal and employment information pertinent to the position for which I am applying. I further authorize POCFD#2 to rely upon and use, as it sees fit, any of the information received.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Completed applications can be sent via Fax, Email, Mail or In Person

Fax: 509-442-2333

Email: [pocfire2@pocfd2.org](mailto:pocfire2@pocfd2.org)

Mail: P.O. Box 287 Lone, WA 99139

Office hours Monday-Thursday 10:00am to 5:00pm