



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

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

Any additional information should be written below.

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:

Miscellaneous

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

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

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

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