

DOUGLAS COUNTY FIRE DISTRICT NO. 2

377 Eastmont Avenue
 East Wenatchee, WA 98802
 (509) 884-6671

RESIDENT FIREFIGHTER APPLICATION

This form must be filled out completely, including signature and date.

PERSONAL INFORMATION

Last Name	First Name	Middle Name or Initial	
Mailing Address	City	State	Zip Code
Home Phone with Area Code	Work Phone with Area Code	Cellular Phone with Area Code	
Pager or Message Number	Email Address		
Position for which you are applying:	Date of Birth	Driver's License No./ Issuing State	

EDUCATION/TRAINING

High School	Location (City & State)	Graduate/G.E.D. <input type="checkbox"/> Yes <input type="checkbox"/> No		
College or University	Location (City & State)	Years Completed <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		
Major	Degree Title	Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No		
College or University	Location (City & State)	Years Completed <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		
Major	Degree Title	Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No		
Vocational Training	Location (City & State)	Years Completed <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		
Trade, Other Training	Location (City & State)	Years Completed <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		
Other valid professional licenses and certificates	Type of License	Issuing State	Registration #	Expiration Date

EMPLOYMENT HISTORY

Beginning with your present or most recent employer, list your work record for the past 10 years. In evaluating your qualifications, preference will be given to experience during that period. However, if you feel that your work experience beyond 10 years is important, please include it. Also include any periods of self-employment, military service, and any job-related volunteer experience. If more than one position has been held with the same employer, list each one separately. If additional space is necessary, please attach a separate sheet. *Complete all sections completely and accurately to the best of your ability.*

Job Title		Employer's Name and Address	
Supervisor's Name		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Supervisor's Title	Supervisor's Phone Number		
Dates Employed (From Mo./Yr. To Mo./Yr.)	Hours per week:	Last Hourly Rate or Monthly Salary:	
Duties:			
Reason for leaving or considering change:			

Job Title		Employer's Name and Address	
Supervisor's Name		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Supervisor's Title	Supervisor's Phone Number		
Dates Employed (From Mo./Yr. To Mo./Yr.)	Hours per week:	Last Hourly Rate or Monthly Salary:	
Duties:			
Reason for leaving or considering change:			

Job Title		Employer's Name and Address	
Supervisor's Name		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Supervisor's Title	Supervisor's Phone Number		
Dates Employed (From Mo./Yr. To Mo./Yr.)	Hours per week:	Last Hourly Rate or Monthly Salary:	
Duties:			
Reason for leaving or considering change:			

Job Title		Employer's Name and Address	
Supervisor's Name			
Supervisor's Title	Supervisor's Phone Number		Number of employees supervised by you:
Dates Employed (From Mo./Yr. To Mo./Yr.)	Hours per week:	Last Hourly Rate or Monthly Salary:	
Duties:			
Reason for leaving or considering change:			

Job Title		Employer's Name and Address	
Supervisor's Name			
Supervisor's Title	Supervisor's Phone Number		Number of employees supervised by you:
Dates Employed (From Mo./Yr. To Mo./Yr.)	Hours per week:	Last Hourly Rate or Monthly Salary:	
Duties:			
Reason for leaving or considering change:			

PROFESSIONAL REFERENCES

List those who are familiar with your work experience (other than those listed above in your employment history).	
1. Name	Current Phone Number
Title	Organization/Business
2. Name	Current Phone Number
Title	Organization/Business
3. Name	Current Phone Number
Title	Organization/Business

IN CASE OF EMERGENCY, NOTIFY:

NAME _____

ADDRESS _____

PHONE NO. _____

EMAIL ADDRESS: _____

OTHER INFORMATION

Social Security Number (Disclosure of your SSN is voluntary): _____

After reviewing the job announcement, is there any reason that would prevent you from performing the essential functions of the job for which you are applying with or without reasonable accommodation? Yes No

Note: In accordance with the Immigration Reform and Control Act of 1986, employment by Douglas County Fire District No. 2 is contingent upon presentation of acceptable documents verifying identity and authorization for employment in the United States. If offered employment, you are required by federal law to truthfully complete an I-9 form and provide acceptable documents as listed on the form to establish your authorization to work for Douglas County Fire District No. 2. Will you be able to do so prior to the commencement of employment?
 Yes No

Within the past 10 years, have you been convicted of or plead guilty to any crime which might have some bearing on your qualifications and fitness to accept duties and responsibilities of the position for which you are applying? Yes No
If yes, please explain the nature of the offense, date, court, and description:

Note: Although Douglas County Fire District No. 2 may investigate criminal convictions that relate to fitness to perform the job for which you are applying, such convictions may not necessarily bar you from consideration for employment.

AGREEMENT, CERTIFICATION, & AUTHORIZATION

Please read carefully before signing.

I certify that all statements made in this application are true, complete, and correct to the best of my knowledge, and that any misrepresentation or omission shall be considered sufficient cause for employment disqualification or discharge.

I authorize Douglas County Fire District No. 2 to investigate all statements in this application and to secure any necessary information from all my employers, references, and academic institutions. I hereby release all of those employers, references, academic institutions, and Douglas County Fire District No. 2 from any and all liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications, and my suitability for employment with Douglas County Fire District No. 2.

In the event of my employment with Douglas County Fire District No. 2, I will comply with all rules, regulations, and policies set forth in Douglas County Fire District No. 2's policy manual or the communications distributed by Douglas County Fire District No. 2.

I understand that in order for Douglas County Fire District No. 2 employees to respond in the event of any emergency, telephone numbers and addresses of employees are made available within the organization.

I hereby acknowledge that I have read and understand the preceding statements.

Applicant Signature: _____ **Date:** _____

Douglas County Fire District No. 2 is an Equal Opportunity Employer and does not unlawfully discriminate on the basis of race, sex, age, color, religion, national origin, marital status, disability status, or any other basis prohibited by federal, state, or local law. In compliance with the Americans with Disabilities Act, disability will be considered only in the context of an applicant's ability to perform the essential functions of the job and to determine reasonable accommodation.