



Snohomish County Fire Protection District #15

Snohomish County Fire Protection District #15 is an equal opportunity employer and encourages applications from all people regardless of race, creed, color, sex, national origin, marital status, or age

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: ()
Cell: ()

E-mail Address:

Social Security #:

Date of Birth:

Drivers License #:

Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you over the age of 18?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			

General Information

List job related skills that you have and the degree to which you are qualified:

Do you have any activities, commitments, or responsibilities that may prevent you from meeting work attendance requirements? YES NO
If yes, please explain:

Is there anything that would make you unable to perform the essential duties of this position? YES NO
If yes, please explain:



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Education/Training

High School:

Address:

From: To: Did you graduate? YES NO Degree:

College:

Address:

From: To: Did you graduate? YES NO Degree:

Other:

Address:

From: To: Did you graduate? YES NO Degree:

Have you passed the General Education Development (GED) in place of a High School Graduation? YES NO

Have you ever been suspended or expelled from any high school or post-secondary school? (Post secondary include colleges and universities, graduate schools, business and vocational schools – any formal education beyond high school)

YES NO

If yes, please explain:

Legal Behavior

A "yes" answer to any of the following questions does not necessarily preclude a person from service with Snohomish County Fire Protection District #15.

Have you had your driver's license suspended or revoked within the past 7 years YES NO

Have you been arrested for any crime within the past 7 years? YES NO

Have you been cited and released for a criminal (misdemeanor or felony) offense within the past 7 years? YES NO

Have you been fined for a criminal (misdemeanor or felony) offense within the past 7 years? YES NO

Have you ever been convicted of a criminal (misdemeanor or felony) offense? YES NO

Have you ever been sentenced to jail or prison? YES NO

Have you ever been refused a security clearance of bond? YES NO

If you answered yes to any of the above questions please explain in detail below. Be sure to include dates, police agencies and courts when applicable. Attach additional sheets if necessary.



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References

Please list three professional references. Do not list relatives

Full Name:

Relationship:

Company:

Phone: ()

Address:

Full Name:

Relationship:

Company:

Phone: ()

Address:

Full Name:

Relationship:

Company:

Phone: ()

Address:

Military Service

Branch:

From:

To:

Rank at Discharge:

Type of Discharge:

If other than honorable, explain:



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Disclaimer and Signature

To be considered for the Firefighter Position, applicants must meet the following requirements:

APPLICANTS MUST:

1. Be at least eighteen (18) years of age at time of application.
2. Possess a high school diploma or GED equivalency.
3. Have a current Washington State Driver's License.
4. Submit a *Certified* driver abstract record with this application packet.
5. Sign and complete in full this application packet.

In making this application, it is understood that an investigation may be made, whereby, information is obtained through personal interviews with third parties, such as employers, business associates, law enforcement, friends, neighbors, or others with whom you are acquainted. This inquiry may include information as to your character, general reputation and personal characteristics, whichever may be applicable.

I certify that the answers given by me to all questions on this application are true and correct to the best of my knowledge and belief. I understand that is accepted, false statements or omission of facts on this application shall be considered sufficient cause for termination from service. I authorize you to make any reasonable inquiry of my associates, employer, and law enforcement agency to fully investigate my criminal records history.

Signature of Applicant

Date



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Disclaimer and Signature

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I _____ give permission for
(PRINT NAME)

an authorized representative of the Snohomish County Fire Protection District #15 to inquire of law enforcement agencies, former employers, and other individuals, including academic institutions, about my ability to perform all aspects of the position for which I am being considered. Those individuals who supply references may respond freely to all questions concerning my job related knowledge, skills, abilities, education, and experience. And other matters that may be relevant to my performance in the position I am seeking. I hereby release all those law enforcement agencies, employers, references, academic institutions, and other individuals 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 service with the Snohomish County Fire Protection District #15. It is further agreed and understood that I shall hold the Snohomish County Fire Protection District #15 harmless for use of any and all information gained through these inquiries.

I authorize the Snohomish County Fire Protection District #15 to reproduce this signed form and a reproduction of it shall be for all intents and purposes as valid as the original.

I understand that the Snohomish County Fire Protection District #15 will complete a comprehensive criminal background investigation that may include, but not limited to an NCIC (National Criminal Information Center) records check.

Signature

Date



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Disclaimer and Signature

I understand that as a part-time on call member of Snohomish County Fire Protection District #15 that my services provided to the district are provided as an "at-will" service and that I may be terminated from service at any time with or without cause.

Signature

Date



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Your application will not be considered complete without enclosing copies of the following documents:

- Washington State Driver's License
- Proof of personal vehicle insurance
- Current Driver's Abstract
- Social Security Card
- Firefighter 1 completion certificate
- Haz-Mat Awareness
- EMT-B course completion or EMT-B card