

Pacific County Fire District 1



Commissioner Application Packet

Pacific County Fire District 1
26109 Ridge Ave / P.O. Box 890, Ocean Park, WA 98640
360-665-4451

www.pcfdl.org

www.facebook.com/PacificCountyFireDistrict1



Proudly Serving Since 1940

APPLICATION PACKET CHECKLIST

Application packets must be received no later than 17:00 Monday, December 18, 2017 at the District Administrative Office, 26110 Ridge Avenue.

APPLICATION INSTRUCTIONS:

- Print legibly or type your answers
- Answer each question fully and accurately
- If you need additional space, continue your answer(s) on a separate sheet of paper
- If the application packet is not complete, you will not be considered in the testing process

ATTACH THE FOLLOWING ITEMS:

- Letter of intent
- Resume
- Proof of Pacific County Fire District 1 residency
- Complete WA State *Request for Abstract of Driving Record*
- Complete *Background Check Authorization* form
- Copy of current auto insurance

Faxed or Emailed application packets will not be accepted.

PO Box 890, 26110 Ridge Ave., Ocean Park, WA 98640 | Phone: 360-665-4451

PACIFIC COUNTY FIRE PROTECTION DISTRICT #1
P.O. Box 890 - 26110 Ridge Avenue
Ocean Park, WA 98640
360-665-4451 FAX 360-665-4909

APPLICATION FOR COMMISSIONER

Fire District 1 is an equal opportunity agency. It is the policy of Fire District 1 not to discriminate in accordance with the requirements of all applicable state & federal laws, on the basis of race or creed, color, religion, national origin, sexual orientation, covered veteran status, marital status, handicapping condition, political affiliation, pregnancy, gender identity or age.

Date: _____ / _____ / _____

Full Name: _____

Mailing Address: _____ State: _____ Zip: _____

Physical Address: _____ Phone No. (____) _____

City: _____ State: _____ Zip: _____

GENERAL

Have you ever been convicted of any law violation (except a minor traffic violation) within the last ten (10) years? Yes _____ No _____

If yes, give a brief explanation _____

Have you ever been found in any proceeding to have violated any state or federal law or rule regarding the practice of a health care profession? Yes _____ No _____

Have you ever been convicted of abusing a child, developmentally disabled person or vulnerable adult? Yes _____ No _____

Have you served as a member of any U.S. armed forces? Yes _____ No _____

Can you perform the essential elements of the position with or without reasonable accommodation? Yes _____ No _____

*Call 665-4451 and ask for Human Resources, if you require accommodation(s) to complete the application process.

DRIVERS LICENSE INFORMATION

Driver's license #: _____ State _____ Expiration date: _____ / _____ / _____

Eye Color _____ Last 4 Digits of SSN _____ Auto Insurance Co: _____

EMPLOYMENT HISTORY

Please list all positions held for the past 10 years, *paid or volunteer*, listing the most recent position first.
Add pages for any additional positions held.

Name of Employer, Address, City, State, Zip Code	Name of Last Supervisor	Employed From:	To:
Title:	Telephone No.:	Salary:	
Reason for Leaving:			
Duties:			
Name of Employer, Address, City, State, Zip Code	Name of Last Supervisor	Employed From:	To:
Title:	Telephone No.:	Salary:	
Reason for Leaving:			
Duties:			
Name of Employer, Address, City, State, Zip Code	Name of Last Supervisor	Employed From:	To:
Title:	Telephone No.:	Salary:	
Reason for Leaving:			
Duties:			

EDUCATION

High School, College, Vocational Schools	Diploma or Degree	Course of Study	Dates Attended

FIRE/EMS RELATED TRAINING

Certification or License	Issuing Agency	Certification / License Number	Date Acquired	Expiration Date

OTHER RELEVANT EXPERIENCE

Name of Organization	Title	Duties	Dates Involved

REFERENCES

Please list the contact information of two persons who are not related to you for *personal* references:

Name:

Address:

Phone:

Please list the contact information of two persons who are not related to you for *business* references:

Name:

Address:

Phone:

QUESTIONS

- 1) Why are you interested in becoming a Commissioner on the Board of Pacific County Fire District 1? What do you hope to accomplish with this position?

- 2) Identify personal goals that you would have as Commissioner one year and three years from now.

- 3) Complete a SWOT Analysis of Fire District 1. List the top 3 Strengths, Weaknesses, Opportunities, and Threats that have been observed by residents of the District.

- 4) Our Board consists of three members. Historically, the Board has been adverse to a split vote. Briefly describe your conflict resolution style.

- 5) Personal statement to the Board of Commissioners (Optional)

APPLICANT'S STATEMENT

I certify that all information I have provided is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented, will be cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I certify that I am a registered voter living within the boundaries of Pacific County Fire District 1, per RCW 52.14.010.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

Washington law prohibits smoking in public facilities, therefore I agree to refrain from tobacco products within the facility, surrounding grounds, or company owned vehicles.

I also understand that if I am selected, I will be required to provide proof of identity, a valid driver's license, legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms as stated above.

SIGNATURE OF APPLICANT

DATE

PACIFIC COUNTY FIRE PROTECTION DISTRICT #1
P.O. Box 890 - 26110 Ridge Avenue
Ocean Park, WA 98640
360-665-4451 FAX 360-665-4909

BACKGROUND CHECK AUTHORIZATION

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Date: _____ / _____ / _____

Full Legal Name: _____ Date of Birth: _____

All other names used in the past 5 years: _____

Mailing Address: _____ State: _____ Zip: _____

Physical Address: _____ Phone No. (____) _____

City: _____ State: _____ Zip: _____

Please list where you have resided in the past 5 years:

City and State:

Dates Resided:

By my signature below I give permission to Pacific County Fire District 1 to conduct the required background checks including a police records check.

Comprehensive Background Check:

"I authorize Pacific Fire District 1 to solicit information regarding my character, general reputation, previous employment and similar background information. 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."

Certification of Authorization:

"By signing this authorization, I declare that the information provided by me is complete and true to the best of my knowledge."

Signed: _____ Date: _____ / _____ / _____



Driving Record Request

Use this form to request a driving record. We will send the record to you or the individual or company you indicate below. Mail this request and a **\$13 non-refundable fee for each record requested** in a check or money order payable to Department of Licensing to:

Driver Records
Department of Licensing
PO Box 3907
Seattle, WA 98124-3907

For validation only

106-060-421-0005

If requesting a driving record for an employee, prospective employee, or volunteer, you must receive from them an **Abstract of Driving Record Release of Interest** (form DSC-425-020). Keep this Release of Interest in your files. **DO NOT MAIL** it to us.

Allow 2 weeks for processing. If you have additional questions, contact customer service at (360) 902-3900, option 6.

Requestor Information

PRINT or TYPE Requestor name PACIFIC COUNTY FIRE DISTRICT 1		(Area code) Daytime telephone number (360) 665-4451
How would you like the driving record(s) sent? (<i>Choose one</i>) <input checked="" type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> U.S. mail (one record only)*		*We will not mail more than one driver record. Multiple record requests will only be sent by email or fax.
Email or (Area code) Fax number delivery information JAMIE@PCFD1.ORG		
U.S. mail delivery (<i>Individual/Company name</i>) PO BOX 890, OCEAN PARK, WA 98640		
Mailing address (<i>Street address or PO Box, City, State, ZIP code</i>)		

Drive records requested

PRINT or TYPE Name (<i>Last, First, Middle initial</i>)	
Date of birth	Washington driver license number
Type of record requested (<i>If more than one record type selected, include \$13 for each additional record</i>) Insurance records show violations, convictions, and accidents only. Other drive records show all traffic-related collisions, convictions, violations, suspensions, revocations, and disqualifications. We offer the following types of driving records: <ul style="list-style-type: none"> <input type="checkbox"/> Noncommercial insurance record (3 year)—Used to create and renew vehicle insurance policies. <input type="checkbox"/> Commercial insurance record (3 year)—Used to create and renew commercial vehicle insurance policies. <input type="checkbox"/> Life insurance record (3 year)—Used to create and renew life insurance policies. <input checked="" type="checkbox"/> Employment record—Used by employers to determine employment eligibility. <input type="checkbox"/> Volunteer/Transit record—Used to determine if a volunteer driver meets the insurance and risk-management requirements to drive a vanpool vehicle or should be permitted to operate a vehicle used to transport individuals who are under 18, over 65, or disabled. <input type="checkbox"/> Complete record—A complete driving record of the person named on the driving record. 	

SIGN OR TYPE YOUR NAME – *By signing or typing your name, you are certifying under penalty of perjury that you are entitled by federal or state laws to obtain an abstract of the driver record of the individual requested. RCW 46.52.130, 18 USC Chapter 123*

Date and place (city or county) signed

X

Signature

If requesting additional drive records, attach separate sheets using the same format as above. Include \$13 for each record requested.