

Pacific County Fire District 1



Firefighter EMT/PM Employment 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



APPLICATION PACKET CHECKLIST

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:

- Complete driving abstract available from your local Department of Licensing
- Cover Letter
- Resume
- Copy of valid Driver's License
- Copy of current auto insurance
- Copy of Paramedic or EMT certification
- Copy of CPAT certificate, if dated within the last twelve (12) months
- Copy of any other certifications or licenses pertinent to this position (IFSAC, Wildland Firefighter, Associates Degree in Fire Science, ACLS, PHTLS, etc.)

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 EMPLOYMENT

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: _____ / _____ / _____ Position Applying For: _____

When are you available for employment? _____

Full Name: _____

Mailing Address: _____ State: _____ Zip: _____

Physical Address: _____ Phone No. (____) _____

City: _____ State: _____ Zip: _____

Email: _____

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 360-665-4451 and ask for Human Resources, if you require accommodation(s) to complete the application, testing, or interview process.

DRIVERS LICENSE INFORMATION

You must have a valid driver's license and proof of auto insurance (copy to be provided upon offer of employment).

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

Auto Insurance Co: _____

WORK HISTORY

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

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:		
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

RELATED TRAINING

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

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:

APPLICANT'S STATEMENT

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

I understand that I must complete a rigorous training program and meet certain physical requirements and I am aware there is a probationary period.

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 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.

I further understand that an offer of employment is conditional based on proper employment authorization, favorable background verification, ability to perform the essential functions of the job (with or without reasonable accommodations) and passing a pre-employment medical exam and drug screen.

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

I also understand that if I am hired, 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