Pacific County Fire District 1

Employment Application Packet

Pacific County Fire District I
26109 Ridge Ave/ P.O. Box 890, Ocean Park, WA 98640
360-665-4451
www.pcfd1.org
www.facebook.com/PacificCountyFireDistrict1

PACIFIC COUNTY FIRE PROTECTION DISTRICT #1

P.O. Box 890, 26110 Ridge Avenue Ocean Park, WA 98640
Phone: 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, disability status, political affiliation, pregnancy, gender identity or age.

Today's Date: _____

Full Name (Last, First Middle): _____

Position Applying For: _____

Are you interested in a part-time position? Y___ N___

Are you interested in a temporary position? Y___ N___

Phone Number: _____

E-mail Address: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

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 Company: _____

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

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

EDUCATION

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

RELATED TRAINING

EMERGENCY MEDICAL RELATED TRAINING:

WA State EMT Level of Certification _____

National Registry EMT Level of Certification _____

ACLS _____ PALS _____ PHTLS _____

Number of years with a transporting agency: _____

Other: _____

FIRE RELATED TRAINING:

IFSAC Firefighter I or equivalent: Y___ N___

Number of years of firefighting experience: _____

Wildland Firefighter II: _____

Other: _____

OTHER RELATED TRAINING (i.e. Associate's Degree in Fire Science, EMT, or related field):

_____

_____

_____

_____

REFERENCES

Please give the name and address of *at least* two persons who are not related to you for personal references:

Name:_____ Address:_____ Phone:_____

Name:_____ Address:_____ Phone:_____

Name:_____ Address:_____ Phone:_____

Name:_____ Address:_____ Phone:_____

APPLICANT'S STATEMENT

I certify that all information that 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 I found to be false, incomplete or misrepresented will be cause to (1) cancel further consideration of this application, or (2) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer or 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 that I may have regarding the employer or 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 in 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, and legal authority to work in the United States, and I understand 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

For Office Use Only

Received Date: _____ Received Time: __ __:__ __ hours District Member Initials: _____