

# GRAYS HARBOR FIRE DISTRICT NO. 2

6317 Olympic Highway  
Aberdeen, Washington 98520-5723

Business: (360) 532-6050  
Fax: (360) 532-6075  
Web: www.ghfd2.org

**EQUAL OPPORTUNITY EMPLOYER**

|   |
|---|
| DATE OF APPLICATION:  |
| POSITION APPLIED FOR:   |
| POSITION STATUS (CIRCLE ONE):<br><div style="display: flex; justify-content: space-around; width: 100%;"> <span>FULL-TIME</span> <span>PART-TIME</span> <span>VOLUNTEER</span> </div> |

**INSTRUCTIONS:**

ALL QUESTIONS on this form must be answered in complete detail. If a question does not apply to you, write: NA (not applicable). Applications must be filed on or before the closing date for the position. Postmarks will not be accepted.

**PLEASE PRINT IN BLACK OR BLUE INK OR TYPE ALL INFORMATION**

**SECTION 1 - General Information**

|   |  |                |
|---|--|----------------|
| LAST NAME                                 | FIRST NAME   | MIDDLE INITIAL |
| DATE OF BIRTH:     /     /                | Can you provide proof of a legal right to work in the United States after hire? <input type="checkbox"/> Yes <input type="checkbox"/> No |                |
| PHYSICAL ADDRESS                          | CITY   | STATE     ZIP  |
| MAILING ADDRESS (if different from above) | CITY   | STATE     ZIP  |

|                |             |
|----------------|-------------|
| HOME PHONE:    | CELL PHONE: |
| EMAIL ADDRESS: |             |

**DRIVERS LICENSE INFORMATION**

|                     |       |             |                 |
|---------------------|-------|-------------|-----------------|
| DRIVERS LICENSE NO. | STATE | ISSUED DATE | EXPIRATION DATE |
|---------------------|-------|-------------|-----------------|

*All applicants must submit a Complete Driving Record certified from the State of license issuance for consideration by Fire District 2. For Washington State licensed drivers information on how to obtain your driving record is at [www.dol.wa.gov](http://www.dol.wa.gov).*

**SECTION 2 - Education, Training & Skills**

|                       | NAME OF SCHOOL | LOCATION | GRADUATED | DEGREE |
|-----------------------|----------------|----------|-----------|--------|
| HIGH SCHOOL           |                |          | YES    NO |        |
| COMMUNITY COLLEGE     |                |          | YES    NO |        |
| COLLEGE OR UNIVERSITY |                |          | YES    NO |        |

LIST OTHER APPLICABLE EDUCATION, TRAINING OR SCHOOLS ATTEND:

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DESCRIBE SKILLS or EXPERIENCE (i.e. typing, computer skills & software applications, mechanical, etc.):

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### SECTION 3 – EMS Experience & Certifications

|   | CERTIFICATION LEVEL | CERTIFICATION NO. | EXPIRATION |
|---|---------------------|-------------------|------------|
| Washington State DOH<br>EMS Certification |                     |                   |            |
| National Registry                         |                     |                   |            |
| Out-of-State EMS Cert.<br>STATE: _____    |                     |                   |            |
| Other (i.e. First Aid Card)               |                     |                   |            |

EMS RELATED TRAINING AND EDUCATION:  
Please list, with dates, applicable certifications, training and education (attach certificates or training records):

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BRIEFLY DESCRIBE YOUR EMS EXPERIENCE:

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*Please attach training records from previous agencies if available.*

### SECTION 4 – FIRE Experience & Certifications

FIRE SERVICE RELATED TRAINING AND EDUCATION:  
Please list, with dates, applicable certifications, training and education (attach certificates or training records):

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BRIEFLY DESCRIBE YOUR FIREFIGHTING EXPERIENCE:

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*Please attach training records from previous agencies if available.*

### SECTION 5 - References

| PERSONAL & PROFESSIONAL REFERENCES (List at least two personal references): |         |               |                   |
|---|---------|---------------|-------------------|
| NAME  | ADDRESS | CONTACT PHONE | TYPE OF REFERENCE |
|   |         |               |                   |
|   |         |               |                   |
|   |         |               |                   |

**SECTION 6 – Employment History**

Beginning with your most recent employer, list your work/experience history for the last 10 years and any experience prior to that time which is directly related to the position for which you are applying. Please include Fire or EMS Agencies, even if you were a volunteer. COMPLETE THIS SECTION EVEN IF YOU ARE ATTACHING A RESUME, AN INCOMPLETE APPLICATION MAY DISQUALIFY YOU.

**COMPANY NAME:** \_\_\_\_\_ **FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_ **SUPERVISORS NAME:** \_\_\_\_\_  
**PHONE:** \_\_\_\_\_ **HOURS WORKED PER WEEK:** \_\_\_\_\_ **STARTING WAGE:** \_\_\_\_\_  
**POSITION:** \_\_\_\_\_ **ENDING WAGE:** \_\_\_\_\_  
**NUMBER OF EMPLOYEES SUPERVISED BY YOU:** \_\_\_\_\_ **MAY WE CONTACT THIS EMPLOYER:** YES NO  
**REASON FOR LEAVING:** \_\_\_\_\_  
**PRIMARY DUTIES:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COMPANY NAME:** \_\_\_\_\_ **FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_ **SUPERVISORS NAME:** \_\_\_\_\_  
**PHONE:** \_\_\_\_\_ **HOURS WORKED PER WEEK:** \_\_\_\_\_ **STARTING WAGE:** \_\_\_\_\_  
**POSITION:** \_\_\_\_\_ **ENDING WAGE:** \_\_\_\_\_  
**NUMBER OF EMPLOYEES SUPERVISED BY YOU:** \_\_\_\_\_ **MAY WE CONTACT THIS EMPLOYER:** YES NO  
**REASON FOR LEAVING:** \_\_\_\_\_  
**PRIMARY DUTIES:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COMPANY NAME:** \_\_\_\_\_ **FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_ **SUPERVISORS NAME:** \_\_\_\_\_  
**PHONE:** \_\_\_\_\_ **HOURS WORKED PER WEEK:** \_\_\_\_\_ **STARTING WAGE:** \_\_\_\_\_  
**POSITION:** \_\_\_\_\_ **ENDING WAGE:** \_\_\_\_\_  
**NUMBER OF EMPLOYEES SUPERVISED BY YOU:** \_\_\_\_\_ **MAY WE CONTACT THIS EMPLOYER:** YES NO  
**REASON FOR LEAVING:** \_\_\_\_\_  
**PRIMARY DUTIES:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COMPANY NAME:** \_\_\_\_\_ **FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_ **SUPERVISORS NAME:** \_\_\_\_\_  
**PHONE:** \_\_\_\_\_ **HOURS WORKED PER WEEK:** \_\_\_\_\_ **STARTING WAGE:** \_\_\_\_\_  
**POSITION:** \_\_\_\_\_ **ENDING WAGE:** \_\_\_\_\_  
**NUMBER OF EMPLOYEES SUPERVISED BY YOU:** \_\_\_\_\_ **MAY WE CONTACT THIS EMPLOYER:** YES NO  
**REASON FOR LEAVING:** \_\_\_\_\_  
**PRIMARY DUTIES:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Attach additional sheets if necessary.*

**SECTION 7 – Background Information**

Grays Harbor Fire District No. 2 is mindful of it’s obligation to employ or have as members qualified persons and its entitlement under law to consider an applicant’s conviction record as it relates to performance of a particular position.

**A CONVICTION RECORD WILL NOT DISQUALIFY YOU FOR EMPLOYMENT UNLESS SUCH RECORD WOULD REASONABLY AFFECT YOUR FITNESS OR ABILITY TO PERFORM THE REQUIREMENTS OF THE POSITION (WHETHER FULL-TIME, PART-TIME OR VOLUNTEER STATUS) FOR WHICH YOU HAVE APPLIED.**

Have you ever been convicted of a felony, released from prison, and/or been convicted of any level misdemeanor other than a minor traffic offense?

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain (attach additional supporting documentation, i.e. court orders, rulings, etc.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION 8 – RELEASE OF INFORMATION & CERTIFICATION OF COMPLETED APPLICATION**

To the best of my knowledge, the information contained in this application is true and correct. I understand that falsification of this application will be grounds for elimination from further consideration or, if employed, for termination from employment at any time. I authorize my previous employers to furnish Grays Harbor Fire District No. 2 with my records, including disciplinary actions, reason for leaving and all other information they may have concerning me and I hereby release them and Grays Harbor Fire District No. 2 from all liability for any damages whatsoever arising there from. I authorize Grays Harbor Fire District No.2 to conduct necessary investigations of all statements made by me in this application and authorize the Fire District to perform a background check. This application constitutes my complete application for the indicated position.

APPLICANT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**REVIEW AND APPROVAL BY FIRE CHIEF**

This section is required to be completed by the Fire Chief prior to acceptance of the applicant as a member of Grays Harbor Fire District No. 2.

FIRE CHIEF SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\_\_\_\_\_ APPROVED

\_\_\_\_\_ NOT APPROVED

**FOR DEPARTMENT USE ONLY**

|                                       |                                      |
|---------------------------------------|--------------------------------------|
| DATE APPLICATION RECEIVED: / /        | APPLICATION RECEIVED BY:             |
| APPLICATION COMPLETE: YES NO          | INTERVIEW DATE: / /                  |
| DRIVERS ABSTRACT ATTACHED: YES NO     | INTERVIEW SCORE:                     |
| COPY OF DRIVERS LICENSE: YES NO       | WRITTEN TEST SCORE:                  |
| COPY OF EMS CERTIFICATION CARD YES NO | PHYSICAL AGILITY SCORE:              |
| RESUME ATTACHED YES NO                | MEETS MINIMUM QUALIFICATIONS: YES NO |
| COVER LETTER ATTACHED: YES NO         | REFERENCES CHECKED: YES NO           |
| LETTERS OF RECOMMENDATION YES NO      | REFERENCES CHECKED BY:               |
| COPY OF TRAINING RECORDS YES NO       | PREVIOUS EMPLOYERS CONTACTED: YES NO |
|                                       | EMPLOYERS CONTACTED BY:              |