

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): <div style="display: flex; justify-content: space-around; width: 100%;"> FULL-TIME PART-TIME VOLUNTEER </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
<i>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.</i>			

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

SECTION 3 - EMS Experience & Certifications

	CERTIFICATION LEVEL	CERTIFICATION NO.	EXPIRATION
Washington State DOH EMS Certification			
National Registry			
Out-of-State EMS Cert. 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):

BRIEFLY DESCRIBE YOUR EMS EXPERIENCE:

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):

BRIEFLY DESCRIBE YOUR FIREFIGHTING EXPERIENCE:

Please attach training records from previous agencies if available.

SECTION 5 - References

PERSONAL & PROFESSIONAL REFERENCES <i>(List at least two personal references):</i>			
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: