



6317 Olympic Highway
Aberdeen, Washington 98520-5723

Business| 360.532.6050 Fax| 360.532.6075
www.ghfd2.org

DATE OF APPLICATION:
POSITION:
POSITION STATUS (CIRCLE ONE): FULL-TIME PART-TIME VOLUNTEER

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.

EQUAL OPPORTUNITY EMPLOYER

PLEASE PRINT IN BLACK OR BLUE INK OR TYPE ALL INFORMATION

SECTION 1 - PERSONAL INFORMATION

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

HOME PHONE:	CELL PHONE:
EMAIL ADDRESS (Personal):	

SECTION 2 - DRIVING RECORD INFORMATION

DRIVERS LICENSE NO.	STATE	ISSUED DATE	EXPIRATION DATE
<i>All applicants must complete this section if they have a valid Driver's License. Please complete and sign the attached Washington State Department of Licensing Form DSC-425-020: Driving Record, Release of Interest if issued in WA State.</i>			

SECTION 3 - EDUCATION, TRAINING & SKILLS

	NAME OF SCHOOL	LOCATION (City, State)	GRADUATED	GRADE COMPLETED or DEGREE EARNED
HIGH SCHOOL			YES NO	
COLLEGE or TRADE SCHOOL			YES NO	
LIST OTHER APPLICABLE EDUCATION, TRAINING OR SCHOOLS ATTEND:				
DESCRIBE SKILLS or EXPERIENCE (i.e. typing, computer skills & software applications, mechanical, etc.):				

SECTION 4 - 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 5 - 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 6 - REFERENCES

PERSONAL & PROFESSIONAL REFERENCES (List at least two personal references):

NAME	ADDRESS	CONTACT PHONE	TYPE OF REFERENCE

SECTION 7 – EMPLOYMENT HISTORY

INSTRUCTIONS: 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 regardless of employment status. A resume does not substitute for this section, please attach.

EMPLOYER/BUSINESS NAME: _____ **Start Date:** _____ **End Date:** _____

ADDRESS: _____ **Supervisors Name:** _____

PHONE: _____ **EMPLOYMENT STATUS (circle one):** Full-time Part-Time Volunteer Per-diem/On-call

May we contact this Employer? YES NO **REASON FOR LEAVING:** _____

DESCRIBE DUTIES/PRIMARY JOB TASKS or FUNCTIONS:

EMPLOYER/BUSINESS NAME: _____ **Start Date:** _____ **End Date:** _____

ADDRESS: _____ **Supervisors Name:** _____

PHONE: _____ **EMPLOYMENT STATUS (circle one):** Full-time Part-Time Volunteer Per-diem/On-call

May we contact this Employer? YES NO **REASON FOR LEAVING:** _____

DESCRIBE DUTIES/PRIMARY JOB TASKS or FUNCTIONS:

EMPLOYER/BUSINESS NAME: _____ **Start Date:** _____ **End Date:** _____

ADDRESS: _____ **Supervisors Name:** _____

PHONE: _____ **EMPLOYMENT STATUS (circle one):** Full-time Part-Time Volunteer Per-diem/On-call

May we contact this Employer? YES NO **REASON FOR LEAVING:** _____

DESCRIBE DUTIES/PRIMARY JOB TASKS or FUNCTIONS:

EMPLOYER/BUSINESS NAME: _____ **Start Date:** _____ **End Date:** _____

ADDRESS: _____ **Supervisors Name:** _____

PHONE: _____ **EMPLOYMENT STATUS (circle one):** Full-time Part-Time Volunteer Per-diem/On-call

May we contact this Employer? YES NO **REASON FOR LEAVING:** _____

DESCRIBE DUTIES/PRIMARY JOB TASKS or FUNCTIONS:

EMPLOYER/BUSINESS NAME: _____ **Start Date:** _____ **End Date:** _____

ADDRESS: _____ **Supervisors Name:** _____

PHONE: _____ **EMPLOYMENT STATUS (circle one):** Full-time Part-Time Volunteer Per-diem/On-call

May we contact this Employer? YES NO **REASON FOR LEAVING:** _____

DESCRIBE DUTIES/PRIMARY JOB TASKS or FUNCTIONS:

Driving Record Release of Interest

Employers, prospective employers, volunteer organizations, or their agent can get driving records for an employee, prospective employee, or volunteer when authorized. Use this form to get their authorization.

- Complete the Company section.
- Give this form to your employee, prospective employee, or volunteer to complete their section.
- For audit purposes, keep this completed form in your files for at least five years. Do not mail it to the Department of Licensing.

Sealed juvenile records. Information contained in a driving record related to a sealed juvenile record may not be used for any purpose unless required by federal law. The employee or prospective employee may furnish a copy of the court order sealing the juvenile record to the employer, prospective employer, or their agent.

Company – To be completed by the company or the agent of the company

PRINT or TYPE Company name	
Agent company name (if applicable)	
Company/Agent company address	
Authorized representative name	Title
<p>Answer the following</p> <p>1. Is this company an employer, prospective employer, or volunteer organization of the individual whose driving record is being requested? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Is the record you are requesting necessary for employment purposes related to driving by the employee or prospective employee as a condition of employment or related to driving by the volunteer at the direction of the volunteer organization? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Do you agree to use the information contained in the record exclusively for this purpose and not divulge it to a third party? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Do you agree to hold harmless the Washington State Department of Licensing for all matters relating to the release of the requested driving record? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Certification</p> <p><i>I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.</i></p> <div style="text-align: center; margin-top: 10px;"> X </div>	
Date and place signed	Authorized representative signature

Employee, prospective employee, or volunteer – Complete this section and return the form to the company

PRINT or TYPE Full name (First, Middle, Last) of employee/prospective employee/volunteer	Date of birth (mm/dd/yyyy)	WA driver license number
<p>Authorization from</p> <p><input type="checkbox"/> Employee – for release of my driving record for employment purposes, at my employer’s discretion for the full term of my employment</p> <p><input type="checkbox"/> Prospective employee – for release of my driving record for employment purposes, not to exceed 30 days from date signed</p> <p><input type="checkbox"/> Volunteer – for release of my driving record for a position applied for that requires me driving at the direction of the volunteer organization</p>		
Employer, prospective employer, or volunteer organization name		
Employer agent company name if acting on behalf of the company for employment purposes		
<p>Authorization</p> <p><i>I am an employee, prospective employee, or volunteer of the company named above and I request that a copy of my Washington State driving record be sent to them/their agent.</i></p> <div style="text-align: center; margin-top: 10px;"> X </div>		
Signature		Date