



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<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):

---

---

---

---

---

---

---

---

**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:**

---

---

---

---

Attach additional sheets if necessary.

**SECTION 8 – BACKGROUND INFORMATION**

Grays Harbor Fire District No. 2 is mindful of its 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 9 – RELEASE OF INFORMATION & CERTIFICATION OF COMPLETE 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.

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  | REFERENCES CHECKED:                     YES   NO |
| COVER LETTER ATTACHED:         YES   NO   | REFERENCES CHECKED BY:                           |
| LETTERS OF RECOMMENDATION       YES   NO  | PREVIOUS EMPLOYERS CONTACTED:     YES   NO       |
| COPY OF TRAINING RECORDS         YES   NO | EMPLOYERS CONTACTED BY:                          |

## 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<br><b>GRAYS HARBOR FIRE PROTECTION DISTRICT #2</b>  |  |
| Agent company name (if applicable)   |  |
| Company/Agent company address<br><b>6317 OLYMPIC HWY                      ABERDEEN, WA 98520-5723</b>  |  |
| Authorized representative name<br><b>THOMAS HATLEY</b>   | Title<br><b>FIRE CHIEF</b>                         |
| Answer the following   |  |
| 1. Is this company an employer, prospective employer, or volunteer organization of the individual whose driving record is being requested? . . . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |  |
| 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |  |
| 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |  |
| Certification<br><i>I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.</i>   |  |
| <u>9/11/2021</u><br>Date and place signed  | <br>X _____<br>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 |
| Authorization from   |                            |                          |
| <input checked="" type="checkbox"/> Employee – for release of my driving record for employment purposes, at my employer’s discretion for the full term of my employment                              |                            |                          |
| <input type="checkbox"/> Prospective employee – for release of my driving record for employment purposes, not to exceed 30 days from date signed   |                            |                          |
| <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                             |                            |                          |
| Employer, prospective employer, or volunteer organization name<br><b>GRAYS HARBOR FIRE PROTECTION DISTRICT #2</b>  |                            |                          |
| Employer agent company name if acting on behalf of the company for employment purposes   |                            |                          |
| Authorization<br><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> |                            |                          |
| <br><b>X</b><br>_____<br>Signature   |                            | <br>_____<br>Date        |