



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
NAME	ADDRESS	CONTACT PHONE	TYPE OF REFERENCE
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:

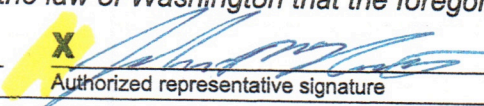
Driving Record Release of Interest

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	
Agent company name (if applicable)	
Company/Agent company address	
Authorized representative name	Title
Answer the following 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 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 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 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	
Certification I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.	
Date and place (city or county) 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)	Date of birth (mm/dd/yyyy)	WA driver license number
Authorization from <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 <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		
Employer agent company name if acting on behalf of the company for employment purposes		
Authorization 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.		
 Signature		Date