

# GRANT COUNTY FIRE DISTRICT NO. 5

11058 Nelson Road NE  
Moses Lake, Washington 98837-8812

Phone: (509) 765-3175  
Fax: (509) 765-3550  
Email: fire5@grantcounty5.net

DATE OF APPLICATION:	DATE RECEIVED:	RECEIVED BY:
POSITION APPLIED FOR:		
POSITION STATUS (CIRCLE ONE):		
FULL-TIME	PART-TIME	
VOLUNTEER	VOLUNTEER RESIDENT	

## EQUAL OPPORTUNITY EMPLOYER

### 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 INK OR TYPE ALL INFORMATION**

### SECTION 1

NAME: \_\_\_\_\_  
LAST FIRST MIDDLE INITIAL

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ MESSAGE PHONE: \_\_\_\_\_  
AREA CODE NUMBER AREA CODE NUMBER

HOME PHONE: \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_  
AREA CODE NUMBER

### SECTION 2

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

LIST OTHER APPLICABLE EDUCATION, TRAINING OR SCHOOLS ATTEND:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

PLEASE DESCRIBE OR LIST SPECIALIZED TRAINING AND/OR YEARS OF EXPERIENCE (i.e. typing, computer skills, etc.):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SECTION 3**

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

PLEASE PROVIDE A BRIEF DESCRIPTION OF EMS EXPERIENCE AND TRAINING:

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LIST OTHER CERTIFICATES, EDUCATION, TRAINING OR APPLICABLE SKILLS FOR EMS (i.e. ACLS, PHTLS, AHA CPR INSTRUCTOR, etc.):

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**APPLICANTS FOR PARAMEDIC POSITIONS - DO NOT COMPLETE SECTION 4.**

**SECTION 4**

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 AND TRAINING:

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**SECTION 5**

PROFESSIONAL REFERENCES (*Do not list relatives or personal references*):

NAME	ADDRESS	CONTACT PHONE
NAME	ADDRESS	CONTACT PHONE
NAME	ADDRESS	CONTACT PHONE

**SECTION 6**

EMPLOYMENT HISTORY (Beginning with your most recent employment, 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). COMPLETE THIS SECTION EVEN IF YOU ARE ATTACHING A RESUME, AN INCOMPLETE APPLICATION MAY DISQUALIFY YOU.

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

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

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

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

**SECTION 7**

Grant County Fire District No. 5 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 FOR THE POSITION (WHETHER FULL-TIME, PART-TIME OR VOLUNTEER STATUS) FOR WHICH YOU HAVE APPLIED.**

Have you ever been convicted of a felony or released from prison within the last ten (10) years, or have been convicted of a misdemeanor other than minor traffic offenses within the past three (3) years?

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

If yes, please explain (attach additional letters or documentation as required):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PLEASE COMPLETE AND ATTACH TO APPLICATION A 5-YEAR DRIVING ABSTRACT CERTIFIED BY THE WASHINGTON STATE DEPARTMENT OF LICENSING.**

**SECTION 8**

To the best of my knowledge, the information herein is true and complete. I understand that falsification of this application will be grounds for elimination from further considerations or, if employed, for dismissal at anytime. I authorize my previous employers to furnish Grant County Fire District No. 5 my record, reason for leaving and all information they may have concerning me and I hereby release them and Grant County Fire District No. 5 from all liability for any damage whatsoever arising there from. I authorize investigation of all statements in this application.

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

**SECTION 9**

**FOR DEPARTMENT USE ONLY**

Review and approval by Fire Chief. This section is required to be completed prior to acceptance of the application.

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

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

**FOR DEPARTMENT USE ONLY**

DATE APPLICATION RECEIVED:        /        /	DATE ENTERED INTO DATABASE:
APPLICATION COMPLETE:                YES    NO	BACKGROUND CHECK DATE:
DRIVERS ABSTRACT ATTACHED:        YES    NO	CHIEF'S REVIEW:
IF ACCEPTED:	CHIEF'S RECCOMENDATION:
W-4 AND I-9 COMPLETED            YES    NO	DATE GIVEN TO VOL ASSN:
COPY OF DRIVERS LICENSE            YES    NO	DATE OF INTERVIEW:
COPY OF SOCIAL SECURITY CARD        YES    NO	INTERVIEW RESULTS:
RESIPTORY QUESTIONAIR REVIEWED	SIGNED BY CHIEF:
PRE EMPLOYMENT PHYCIAL RECEIVED	LETTER SENT:
ENTERED INTO BVFF ROSTER	W-4 SENT TO COUNTY: