



GRANT COUNTY FIRE DISTRICT 8

20643 Rd 22.5 SW • Mattawa, WA 99349
Office (509) 932-477 • Fax (509) 932-4747

APPLICATION for SERVICE

Personal Information

Full Name: _____
Mailing Address: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____ Birth Date: _____
Email Address: _____ Social Security #: _____
Driver's License #: _____ Class: _____ Expiration: _____

Education

High School: _____ Year Graduated: _____
College/Trade School: _____ Graduated/Major: _____
College/Trade School: _____ Graduated/Major: _____

Employment History

Occupation: _____ Employer: _____
Employer Address: _____ Phone: _____
Supervisor: _____ Employment Dates: _____
Previous Occupation: _____ Previous Employer: _____
Employer Address: _____ Phone: _____
Supervisor: _____ Employment Dates: _____
Reason for Leaving: _____

Military Status

Active Duty: _____ Veteran: _____ None: _____

References (Non-family members)

Name: _____ Phone: _____ Years Known: _____
Name: _____ Phone: _____ Years Known: _____
Name: _____ Phone: _____ Years Known: _____
May the Fire District contact these references? _____ Yes _____ No

Medical Emergency

In case of emergency, notify: _____ Phone: _____
List allergies or conditions that could affect emergency treatment: _____
List physical restrictions that could limit effectiveness as a responder: _____

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Legal

Have you ever been arrested, summoned into court as a defendant, or indicted, convicted, fined, imprisoned, or placed on probation, or has any case been filed against you? _____ Yes _____ No

If yes, explain: _____

Have you received any moving traffic violations in the last three years? _____ Yes _____ No

If yes, explain: _____

Fire/EMS Service

Do you have a current First Aid/CPR Card: _____ Yes _____ No

Have you ever been a member of a Fire Department, Rescue Squad, or similar organization? _____ Yes _____ No

If yes, where? _____

Have you completed an entry level firefighter course? _____ Yes _____ No _____ Level

Have you completed a wildland fighter course? _____ Yes _____ No _____ Level

Do you have any current emergency medical certifications? _____ Yes _____ No _____ Level

Briefly state why you wish to join Grant County Fire District 8, what the District will gain from you, and what you expect to gain: _____

List any skills that you have that can be used in the fire/medical service: _____

What position(s) are you interested in? _____ Firefighter _____ EMT _____ Support

I certify under penalty of perjury that the information I have entered on this application is true and complete to the best of my knowledge. I further understand any false, incomplete, or incorrect statements may result in my disqualification from the selection process or dismissal from membership with Grant County Fire District No. 8 (District). I authorize the employers and educational institutions identified on this application to release any information they may have concerning my employment or education to the District. I authorize the District to perform a pre-employment background screening (consumer report). Further, I understand that a consumer report will be requested and this report may include, but is not limited to names and dates of previous employers, salary, work experience, education, accidents, licensure, residential history, driving record, judgments, bankruptcy proceedings, criminal records, and validation of social security number. Additionally, I understand that I may be subjected to drug and/or alcohol testing and/or physical examinations. I agree to keep the District informed of any changes of the information contained in this application.

Date: _____ Signature: _____

For Office Use Only

Date: _____ Application received by District Office

Date: _____ Investigation Conducted, References Checked

Date: _____ Into Probation Employee ID: _____

Date: _____ Into Membership