



GRANT COUNTY FIRE DISTRICT NO. 8

20643 Rd 22.5 SW
Mattawa, WA 99349
509-932-4777 • Fax 509-932-4747

APPLICATION FOR EMPLOYMENT

POSITION TITLE: _____

DATE: _____

PERSONAL INFORMATION

Name (Last)	(First)	(MI)
Mailing Address		Home Telephone
(City)	(State)	(Zip Code)
Email Address		Mobile Telephone

PLEASE ANSWER THE FOLLOWING QUESTIONS:

- Are you a U.S. citizen, or, do you have a Visa permitting you to work in the U.S.?
(Documentation of authorization to work in the U.S. will be required if an offer of employment is made and accepted.) YES NO
- Are you over the age of 18? YES NO
- Do you have, or can you obtain, a valid Washington State Driver's License? YES NO
- Do you wish to claim Veteran's Preference for testing, pursuant to RCW 41.04.010? YES NO

PLEASE INDICATE ANY FOREIGN LANGUAGES YOU SPEAK, WRITE, AND/OR READ

SPEAK			
WRITE			
READ			

TRAINING

FIRE OPERATIONS CERTIFICATION		EMERGENCY MEDICAL CERTIFICATION	
1. Firefighter I	<input type="checkbox"/>	1. First Aid/CPR	<input type="checkbox"/>
2. Firefighter II	<input type="checkbox"/>	2. BLS Provider Cert	<input type="checkbox"/>
3. Haz-Mat First Responder-Operational	<input type="checkbox"/>	3. First Responder	<input type="checkbox"/>
4. 16-Hour Wildland Firefighter	<input type="checkbox"/>	4. Emergency Medical Technician - Basic	<input type="checkbox"/>
5. Combined Space Rescue Awareness	<input type="checkbox"/>	5. Advanced Emergency Medical Technician	<input type="checkbox"/>

PROFESSIONAL REFERENCES

Name/Title		Phone	
Name/Title		Phone	
Name/Title		Phone	

Beginning with your present or most recent employment, list all of your work experience for the last ten years, including periods of self-employment, volunteer activities, and US military service. (Attach separate sheets if necessary.)

EMPLOYMENT EXPERIENCE

Employer's Name:		From:	To:
Address:		Supervisor:	
Phone:	Hours worked Per Week:		
Position:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Duties Performed:			

Reason for Leaving:

Employer's Name:		From:	To:
Address:		Supervisor:	
Phone:	Hours worked Per Week:		
Position:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Duties Performed:			

Reason for Leaving:

Employer's Name:		From:	To:
Address:		Supervisor:	
Phone:	Hours worked Per Week:		
Position:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Duties Performed:			

Reason for Leaving:

EMPLOYMENT EXPERIENCE, Continued

Employer's Name:		From:	To:
Address:		Supervisor:	
Phone:	Hours worked Per Week:		
Position:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Duties Performed:			
Reason for Leaving:			

Employer's Name:		From:	To:
Address:		Supervisor:	
Phone:	Hours worked Per Week:		
Position:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Duties Performed:			
Reason for Leaving:			

Employer's Name:		From:	To:
Address:		Supervisor:	
Phone:	Hours worked Per Week:		
Position:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Duties Performed:			
Reason for Leaving:			

EDUCATION

High School:		Address:	
Years Completed:	Graduate?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
College:		Address:	
Years Completed:	Graduate?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Technical School:		Address:	
Years Completed:	Graduate?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Other School/Training:		Address:	
Years Completed:	Graduate?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Grant County Fire District 8 (District) provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, disability, or genetics. In addition to federal law requirements, the District complies with applicable state and local laws governing nondiscrimination in employment in every location in which the District has facilities. This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, and transfers, leaves of absence, compensation, and training.

The District expressly prohibits any form of workplace harassment based on race, color, religion, gender, sexual orientation, gender identity or expression, national origin, age, genetic information, disability, or veteran status. Improper interference with the ability of the District's employees to perform their job duties may result in discipline up to and including discharge.

The District intends to help provide a safe and drug-free work environment for our clients and our employees. The use, possession, solicitation for, or sale of narcotics or other illegal drugs, alcohol, or prescription medication without a prescription on District, customer premises, or while performing an assignment is prohibited. The District reserves the right to perform drug and/or alcohol testing for pre-employment screening, for-cause testing, and/or post-accident testing.

CERTIFICATION - PLEASE READ BEFORE SIGNING - If not signed, this application may be rejected.

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 employment with the 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 drug screening and background check. I understand that resumes will not be accepted in lieu of a completed application.

Applicant's Signature:	Date Signed:
-------------------------------	---------------------

Printed Name:
