



# GRANT COUNTY FIRE DISTRICT 8

PO Box 1728 • 510 E Government Road • 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 a basic 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