



Grays Harbor Fire District 1

Membership Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email _____

Driver's Lic. #: _____ Social Security #: _____

D.O.B. _____ Position applying for: _____ Firefighter _____ Aid Crew _____ Administrative

Do you have any conditions which would prevent you from performing in this position: _____ Yes _____ No

If Yes, What accommodations would you need, if any, to assist you in performing your duties: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Employment History

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Title/Position: _____ If current, Schedule: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Title/Position: _____ If current, Schedule: _____

Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Title/Position: _____ If current, Schedule: _____

Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Volunteer Experience

Volunteer Organization: _____ Phone: _____ From/To: _____
Address: _____ HRS WRK: _____
Title/Position: _____ Immediate Supervisor: _____
Job Description: _____
Reason for Leaving: _____

Volunteer Organization: _____ Phone: _____ From/To: _____
Address: _____ HRS WRK: _____
Title/Position: _____ Immediate Supervisor: _____
Job Description: _____

Reason for Leaving: _____

Related Experience, Skills, and Certificates

Experience: _____

Certificates	Expiration Date	Skills

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Please list three personal references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____
Address: _____

GRAYS HARBOR FIRE DISTRICT #1 IS AN EQUAL OPPORTUNITY EMPLOYER. WOMEN AND MINORITIES ARE ENCOURAGED TO APPLY. BY SIGNING THIS FORM, I AM CERTIFYING THAT ALL ANSWERS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT UNTRUTHFUL OR MISLEADING ANSWERS MAY BE CAUSE FOR REJECTION OF MY APPLICATION, REMOVAL OF MY NAME FROM THE REGISTER, OR DISMISSAL IF ALREADY EMPLOYED. I FURTHER AUTHORIZE THE DISTRICT TO MAKE ANY NECESSARY INVESTIGATION TO VERIFY THE TRUTH AND ACCURACY OF MY APPLICATION PACKAGE INFORMATION. **PLEASE SUBMIT A COPY OF YOUR SOCIAL SECURITY CARD AND DRIVER'S LICENSE UPON APPLICATION.**

SIGNED: _____ DATE: _____

CONVICTION/CRIMINAL HISTORY INFORMATION

When considering individuals for employment (both career and volunteer), conviction/criminal history records are reviewed as they relate to the content and nature of the work, as well as the safety and security of the fire district staff and the public. A conviction/criminal history does not necessarily disqualify an individual for employment/volunteer membership. Criminal history records will be subject to a satisfactory criminal conviction report. Applicants will be asked to sign a separate release form. Applicants who do not sign the release form will be removed from the consideration for employment/volunteer membership.

This form must be completed to be considered for employment.

INSTRUCTIONS: Complete ALL sections and sign below. The information you provide will be used only as it relates to consideration for employment (paid or volunteer).

CRIMES AGAINST PERSONS AND CRIMES RELATING TO FINANCIAL EXPLOITATION:

Have you ever been convicted of any of the crimes listed below?

- NO
 - YES—If yes, check all that apply and describe in space below or use additional page if needed.
- | | |
|---|---|
| <input type="checkbox"/> Arson | <input type="checkbox"/> Malicious Harassment |
| <input type="checkbox"/> Assault, Custodial | <input type="checkbox"/> Manslaughter |
| <input type="checkbox"/> Assault, Simple | <input type="checkbox"/> Murder, Aggravated |
| <input type="checkbox"/> Assault | <input type="checkbox"/> Murder |
| <input type="checkbox"/> Burglary | <input type="checkbox"/> Patronizing a Juvenile Prostitute |
| <input type="checkbox"/> Child Abandonment | <input type="checkbox"/> Promoting Pornography |
| <input type="checkbox"/> Child Abuse or Neglect | <input type="checkbox"/> Promoting Prostitution |
| <input type="checkbox"/> Child Buying or Selling | <input type="checkbox"/> Prostitution |
| <input type="checkbox"/> Child Molestation | <input type="checkbox"/> Robbery |
| <input type="checkbox"/> Communication with a minor | <input type="checkbox"/> Rape |
| <input type="checkbox"/> Criminal Abandonment | <input type="checkbox"/> Rape of a Child |
| <input type="checkbox"/> Criminal Mistreatment | <input type="checkbox"/> Selling/Dist Erotic Materials to a minor |
| <input type="checkbox"/> Custodial Interference | <input type="checkbox"/> Sexual Exploitation of a Minor |
| <input type="checkbox"/> Extortion | <input type="checkbox"/> Sexual Misconduct with a Minor |
| <input type="checkbox"/> Forgery | <input type="checkbox"/> Theft |
| <input type="checkbox"/> Incest | <input type="checkbox"/> Unlawful Imprisonment |
| <input type="checkbox"/> Indecent Exposure—Felony | <input type="checkbox"/> Vehicular Homicide |
| <input type="checkbox"/> Indecent Liberties | <input type="checkbox"/> Violation of Restraining Order |
| <input type="checkbox"/> Child Abuse | |
| <input type="checkbox"/> Kidnapping | |

Explanation of Violation(s): _____

DRIVING RECORD EVALUATION:

This form must be completed to be considered for employment.

All applicants for career and volunteer positions with Grays Harbor Fire District #1 will have their driving record evaluated. Grays Harbor Fire District #1 uses the violation point system listed below. If your permanent driving record reflects a total of six (6) points or more for a period 36 months (3 years) preceding the date of your application, you will not be allowed to continue in the process. Therefore, if you know that your driving record is less than six points, you may apply. However, any new violations that occur before the completion of the probationary process, which put your total score above six points will disqualify you. Annual evaluation of a member's driving record may be made during a member's employment or volunteer service. Any current member found in violation of this evaluation will result in suspension of driving privileges and/or termination of employment with Grays Harbor Fire District #1.

VIOLATIONS:	POINTS
Revocation of driver's license	8
Denial of issuance of driver's license	8
Negligent Homicide	8
Driving while intoxicated (involving an accident)	8
Driving while intoxicated (not involving an accident)	6
Reckless Driving (involving and accident)	8
Reckless Driving (not involving an accident)	6
Negligent Driving (involving an accident)	5
Negligent Driving (not involving an accident)	4
Hit and Run (attended, occupants in vehicle)	8
Hit and Run (unattended, no occupants in vehicle)	6
Driving while license is suspended (DWLS)	4
Speeding in excess of the posted limit:	
0-14 MPH over	2
15-19 MPH over	3
20-25 MPH over	4
26 MPH and over	5
Convictions or forfeitures for other moving violations:	
Each violation involving an accident	4
Each violation not involving an accident	2

Signature: _____

I certify that the information contained in this application and in all materials is true, correct and complete to the best of my knowledge. Under penalty of perjury I understand that consideration of this application and the continuation of any subsequent employment depends on the true, accurate, and complete representation of these facts. I understand that my application will not be considered unless it is signed. I authorize Grays Harbor Fire District #1 to make inquiries regarding the information on my application and waive my right to confidentiality for purpose of such inquiries. I release all parties and persons associated with such inquiries in connection with information they give. **I UNDERSTAND THAT MY APPLICATION WILL NOT BE CONSIDERED UNLESS IT IS SIGNED.**

SIGNATURE: _____

DATE: _____

