

Whatcom County Fire District 14 PO Box 482

Sumas, WA 98295 Phone: (360) 599-2823 FAX: (360) 599-2373 www.wcfd14.org

TRAINING OFFICER APPLICATION

APPLICANT INFORMATION Please print legibly in ink, or by computer.							
Last Name		First Name		Middle Na			
Address	·			Apartmen	t/Unit #		
City		State		ZIP			
Social Security Number		Phone Number		Other Nur	nber		
Email Address							
Are you a Citizen of the United States?	Yes 🗆	No □	If no, are you authorized to	work in the	e U.S.?	Yes □	No □
Are you 21 years of age or older?	Yes [Do you have a valid Washington Driver's Licens		er's License	Yes □	No □
Have you ever been convicted of a crime? Yes □ No □ If yes, please explain the second of the second		If yes, please explain:					
Are you a current WA EMT?	Yes [No □	Are you a WA EMT Evaluator?			Yes □	No □
Are you certified as a WA FF I?	Yes [No □	Can you perform the job fu	ınctions witl	n or without a	ccommodati	on?
						Yes □	No □
MILITARY SERVICE							
Branch			From		То		
Rank at Discharge		Type of Discharge					
If other than honorable, please explain:							
EMPLOYMENT INFORMATION AND AVAILABLITY							
Position you are applying for				Desired	Compensatio	on	
Are you currently employed?	Yes [No □	If yes, when could you be a	available to	work?		
List any limitations to your availability							
BUSINESS SKILLS							
I am proficient using the following office and		I am proficient using the following software:					
communication equipment:		□ Microsoft Word					
□ Personal Computer		☐ Microsoft Word☐ ☐ Microsoft Excel					
□ Printer/Copier/Fax		☐ Microsoft Excel					
☐ Multi-Line phone system		☐ ImageTrend					
☐ Two-way radio		□ RescueHub					
			☐ Emergency R	Reporting			

EDUCATION					
High School	From	То			
City, State	Did you graduate?	Yes □ No □			
Awards, Extracurricular Activities, etc:					
College/University	From	То			
City, State	Did you graduate?	Yes □ No □			
Course of Study/Degree	How many years did you complete?				
College/University	From	То			
City, State	Did you graduate?	Yes □ No □			
Course of Study/Degree	How many years did you complete?				
Other	From	То			
City, State	Did you graduate?	Yes □ No □			
Course of Study/Degree	How many years did you complete?				
REFRENCES Please list three professional references					
Full Name	Relationship	# years known?			
Company	Phone Number				
Address					
Full Name	Relationship	# years known?			
Company	Phone Number	1			
Address	1				
Full Name	Relationship	# years known?			
Company	Phone Number	I			
Address	I				

PREVIOUS EMPLOYMENT Account for 10 years of your employment history. Please explain any gaps in employment.				
Current or last Employer		Phone number	May we contact	
			Yes □ No □	
Address				
From	То	Starting Wage	Ending Wage	
Job Title		Supervisor		
Job Duties/Responsibilities:				
Reason for leaving:				
Next Previous		Phone number	May we contact	
			Yes □ No □	
Address				
From	То	Starting Wage	Ending Wage	
Job Title	L	Supervisor	L	
Job Duties/Responsibilities:				
Reason for leaving:				
Next Previous		Phone number	May we contact	
			Yes □ No □	
Address				
From	То	Starting Wage	Ending Wage	
Job Title		Supervisor		
Job Duties/Responsibilities:				
Reason for leaving:				
Next Previous		Phone number	May we contact	
			Yes □ No □	
Address				
From	То	Starting Wage	Ending Wage	
Job Title	1	Supervisor	1	
Job Duties/Responsibilities:				
Reason for leaving:				

ADDITIONAL PROFESSIONAL SKILLS		
Please list any additional experience, qualifications, processional certific position.	cations, technical, or clerical skills relevant to this	
AS AN APPLICANT FOR EMPLOYMENT WITH WHATCOM C AND AUTHORIZE THE FO	· · · · · · · · · · · · · · · · · · ·	
I hereby certify that the information contained in this application of and that the information given is true and complete to the best of that misrepresentations or omissions of fact in this application is and/or dismissal from employment. I fully understand the require Fire District 14 as contained in this application. I authorize What necessary inquiries or investigations to verify or supplement the authorize any past employer, education, or other person with known Whatcom County Fire District 14 any information requested to deposition I am seeking. Further, I release Whatcom County Fire District 14 any information from any liability or damage whatsoever which may refer to the best of the properties of the best of the properties of the best of the properties of the best of the best of the properties of the best of the properties of the properties of the best of the properties of	f my knowledge and belief. I fully understand cause for disqualification of this application ments for employment with Whatcom County com County Fire District 14, to make any and all information contained herein. I also specifically by	
AN UNSIGNED APPLICATION IS CONSIDERED AN INCOMPL	ETE APPLICATION.	
Applications are due by 5pm, January 10, 2022, and can be different Station, 7528 Kendall Road, Maple Falls, WA 98266 District 14, ATTN: Training Officer Position, PO Box 482, Sumas Applications received after that date will not be considered.	6, or via the mail, to Whatcom County Fire b, WA 98295.	
APPLICANT'S SIGNATURE	DATE	