

San Juan County Fire District #4
Application

Name: _____
Last First M.

Address: _____ Lopez Island, WA 98261

Phone: _____ Social Security Number: _____

E-mail Address: _____ Shirt size: (S,M,L)

Date of Birth: _____ How long have you resided on Lopez Island? _____ In Washington? _____

Position you are applying for: _____

Related Experience: _____

Wage: _____

Related Education: _____

Washington State Drivers License No: _____ Expiration Date: _____

List any traffic citations you have received: _____

Do you have a record of any convictions during the past seven (7) years? Yes: ___ No: ___ If yes please explain:

Do you allow the San Juan County Sheriffs Department to make a complete background check of your driving record, and for any convictions you might have had releasing those findings to the Fire Chief? Yes: ___ No: ___

Person to be notified in the event of an emergency:
Name: _____ Relationship: _____

Address: _____ Phone: _____

Doctor: _____ Blood Type: _____ Do you wear contact lenses? Yes: ___ No: ___

If selected, do you agree to take a physical examination that District 4 schedules and pays for? Yes: ___ No: ___

Allergies: _____

Please list any physical conditions that could in any way inhibit your ability to perform the job you are applying for:

List two (2) personal references that we may contact:

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Are you willing to take assigned periods of duty, attend training sessions, and abide by District 4 rules, regulations, policies and guidelines? Yes: ___ No: ___

I certify the information given on this application is true and correct. I also understand information on this application is confidential and will be treated as such.

Signature: _____ Date: _____