

# San Juan County Fire District #4 Application

Name: \_\_\_\_\_  
Last First M.  
Address: \_\_\_\_\_ Lopez Island, WA 98261

Position Applying For: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

How long have you resided on Lopez Island? \_\_\_\_\_ In Washington? \_\_\_\_\_

Related Experience and Education: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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:  
\_\_\_\_\_

At the District's cost, do you allow District 4 to make a complete background check of your driving record including driver's abstract, and for any convictions you might have had? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Washington State Driver's License No: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Person to be notified in the event of an emergency:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

List three (3) personal references that we may contact:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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: \_\_\_\_\_

Rev: 12/21