Application for Employment
Brinnon Fire Department
Seasonal Firefighter/EMT

Instructions: Each question should be answered fully and accurately. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. All information you give on this application will be held in strict confidence.

Personal Data

Last Name	First Name	Middle Name

Current Mailing Address	City	State	Zip

Primary Phone Number	Secondary Phone Number

Email Address

When are you available for employment?

Are you between 18 and 70 years old? ☐Yes ☐No

Would you take a physical examination if it were required for the job for which you are applying? ☐Yes ☐ No

General Information

Do you have a valid Driver's License? ☐Yes ☐No
Driver's License Number: State:

Emergency Medical Technician | State: | Expiration Date:

Firefighter Certification | ☐ IFSAC Firefighter I
                             ☐ WA State Firefighter I Certification

Are you currently OR expecting to be engaged in any other business or employment? ☐ Yes ☐No If yes, please explain:

Education		
High School Institution Name / City, State	**Highest Level Completed**	**Did you graduate?**
College or University Institution Name / City, State	**Highest Level Completed**	**Did you graduate?**
Major/Degree:		☐Yes ☐No
Major/Degree:		☐Yes ☐No
Major/Degree:		☐Yes ☐No
Additional Educational/Vocational/Technical Training Institution Name / City, State		**Did you complete coursework**
Coursework:		☐Yes ☐No
Coursework:		☐Yes ☐No
Coursework:		☐Yes ☐No

Employment History

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time, including military service and any periods of unemployment. If self-employed, give firm name and supply business references. If you worked in any position under another name, please give name(s). **Please indicate month and year of employment.**

Name of Employer:	Employed from: to
Address:	MO/YR MO/YR

Supervisor:	Telephone Number:	
Your Position Title:	Beginning Salary:	Ending Salary:
Duties:		
Reason for Leaving:		

Name of Employer:		Employed from: to
Address:		MO/YR MO/YR
Supervisor:	Telephone Number:	
Your Position Title:	Beginning Salary:	Ending Salary:
Duties:		
Reason for Leaving:		

Name of Employer:		Employed from: to
Address:		MO/YR MO/YR
Supervisor:	Telephone Number:	
Your Position Title:	Beginning Salary:	Ending Salary:
Duties:		
Reason for Leaving:		

References

Give three references (exclude relatives and former employers).

Name:	Occupation:	Telephone:
Address:		

Name:	Occupation:	Telephone:
Address:		

Name:	Occupation:	Telephone:
Address:		

I certify the information in this application and attachments are true and complete to the best of my knowledge. I am aware that any falsification, misrepresentation, or omission may result in my disqualification for employment or discharge from employment. I authorize my present and previous employers to release information regarding my job performance. Upon offer of employment, I authorize the hiring agency to obtain information of any past criminal activities through a police background investigation. I hereby waive my rights to claims or damages against any employer, police agency and the hiring agency, its officers, agents, and employees, in regard to this exchange of information concerning my past history and employment.

_____   _____
Signature   Date