

# Clark County Fire District 10

## Employment/Membership Application

Position:	_____
Application Date:	_____
Hire Date:	_____

**Conditions of employment are stated at the end of this form. Please read carefully before you sign this application. False statements on this application form shall be considered sufficient cause for termination.**

1. Position applied for: Full-time     Part-time (circle one or both)

Other (list) \_\_\_\_\_

2. Name: \_\_\_\_\_  
*Last*
*First*
*Middle*

3. Address: \_\_\_\_\_  
*Street*
*City*
*State*
*Zip*

4. Home Phone: (\_\_\_\_\_)\_\_\_\_\_ Cell Phone:(\_\_\_\_\_)\_\_\_\_\_

5. Date of Birth: \_\_\_\_\_ Email Address: \_\_\_\_\_

6. Can you provide proof of citizenship, Visa, or Alien registration number after being hired, which permits you to work in the U.S.? \_\_\_\_\_

7. Social Security Number: \_\_\_\_\_

8. Please describe any physical, mental, or sensory limitations or disabilities which relate reasonably to fitness to perform the particular job. If none, please indicate "none"

\_\_\_\_\_

9. Do you have any activities, commitments or responsibilities that may prevent you from meeting work attendance requirements? \_\_\_\_\_

10. Have you been convicted within the past seven years of any crime? (Conviction of crime(s) reasonably related to fitness to perform the job, within the past seven years or release from prison within such time, may be grounds for rejection.) Conviction records will not necessarily bar applicant from consideration. Yes\_\_\_\_\_ No \_\_\_\_\_

*If Yes, please give details on a separate sheet of paper.*

11. List all types of motorized vehicles you can operate:

\_\_\_\_\_

12. Drivers License Number: \_\_\_\_\_ State:\_\_\_\_\_

13. List other special training, skills and experience which you have that you believe would benefit the district: \_\_\_\_\_

\_\_\_\_\_

## EDUCATION

List your educational experiences beginning with the most recent first.

Attach separate sheets if necessary:

College(s) Attended (Name/City) \_\_\_\_\_  
Months/Years attended: \_\_\_\_\_ Major Subject \_\_\_\_\_  
Degree or Credit Hours: \_\_\_\_\_  
Degree or Certificate Obtained? Yes, No, List: \_\_\_\_\_  
May we contact this institution? Yes or No: \_\_\_\_\_

College(s) Attended (Name/City) \_\_\_\_\_  
Months/Years attended: \_\_\_\_\_ Major Subject \_\_\_\_\_  
Degree or Credit Hours: \_\_\_\_\_  
Degree or Certificate Obtained? Yes, No, List: \_\_\_\_\_  
May we contact this institution? Yes or No: \_\_\_\_\_

College(s) Attended (Name/City) \_\_\_\_\_  
Months/Years attended: \_\_\_\_\_ Major Subject \_\_\_\_\_  
Degree or Credit Hours: \_\_\_\_\_  
Degree or Certificate Obtained? Yes, No, List: \_\_\_\_\_  
May we contact this institution? Yes or No: \_\_\_\_\_

College(s) Attended (Name/City) \_\_\_\_\_  
Months/Years attended: \_\_\_\_\_ Major Subject \_\_\_\_\_  
Degree or Credit Hours: \_\_\_\_\_  
Degree or Certificate Obtained? Yes, No, List: \_\_\_\_\_  
May we contact this institution? Yes or No: \_\_\_\_\_

List any additional graduate school, business, trade or other education including years/months completed: \_\_\_\_\_

\_\_\_\_\_

Last High School Attended (Name/City) \_\_\_\_\_  
Circle last year completed: 1 2 3 4 Last Year Attended: \_\_\_\_\_ Year Graduated: \_\_\_\_\_  
May we contact this institution? Yes or No: \_\_\_\_\_

## WORK HISTORY

List your current and former employers beginning with the most recent first.

Attach separate sheets if necessary:

Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Job Title/Duties: \_\_\_\_\_  
From: Month \_\_\_\_\_ / Year \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Current? \_\_\_\_\_ Reason for Leaving? \_\_\_\_\_  
May we contact this employer? Yes or No: \_\_\_\_\_

## WORK HISTORY (continued)

Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Job Title/Duties: \_\_\_\_\_  
From: Month \_\_\_\_\_ / Year \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Reason for Leaving? \_\_\_\_\_  
May we contact this employer? Yes or No: \_\_\_\_\_

Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Job Title/Duties: \_\_\_\_\_  
From: Month \_\_\_\_\_ / Year \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Reason for Leaving? \_\_\_\_\_  
May we contact this employer? Yes or No: \_\_\_\_\_

Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Job Title/Duties: \_\_\_\_\_  
From: Month \_\_\_\_\_ / Year \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Reason for Leaving? \_\_\_\_\_  
May we contact this employer? Yes or No: \_\_\_\_\_

Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Job Title/Duties: \_\_\_\_\_  
From: Month \_\_\_\_\_ / Year \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Reason for Leaving? \_\_\_\_\_  
May we contact this employer? Yes or No: \_\_\_\_\_

## SPECIAL TRAINING AND EXPERIENCE

Please answer the following to the best of your ability:  
Attach separate sheets if necessary:

1. Fire Science Classes Taken: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Certificates Obtained: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Fire/EMS Experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Explain why you would like to be a member of this department:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## VETERAN'S PREFERENCE

Under Washington State Law, Veteran's Preference may be claimed if you received a discharge under honorable conditions. Proof of Veteran's Status may be required at time of hire.

1. Do you claim Veteran's Preference? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
If yes, give dates of service (Mo./Day/Yr.) From: \_\_\_\_\_ To: \_\_\_\_\_
2. Did you retire from military service? Yes: \_\_\_\_\_ No: \_\_\_\_\_
3. Have you ever used Veteran's Preference to obtain employment? Yes: \_\_\_\_\_ No: \_\_\_\_\_

***Applicant agrees to the following conditions of employment:***

- \_\_\_ An Assessment of Physical Ability and Fitness as determined by the District.
- \_\_\_ A pre-placement health evaluation.
- \_\_\_ Meeting minimum age requirements of applicable laws and submitting proof.
- \_\_\_ Proof of citizenship or U.S. work permit.
- \_\_\_ Meeting attendance and performance requirements.
- \_\_\_ Conforming to district rules, regulations, and instructions.

I swear or affirm all statements in this application are true and correct and if any information submitted is false, it shall be cause for dismissal.

I have been advised that you will use a third-party background screening investigation report to be prepared on all information contained herein, and I hereby consent thereto.

I understand permanent employment may be contingent upon receipt of a Social Security or Alien Registration Number, verification of date of birth and any other pertinent information bearing upon my continued employment. I have been advised and understand I have the right to request a disclosure in writing of the nature and scope of the investigation.

I authorize Clark County Fire District No. 10 to investigate my personal, education, vocational or employment history. I also authorize any employer, person, firm, corporation, educational or vocational institution, or government agency to provide the district with information that it may have regarding myself.

**Signature Of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***Clark County Fire District #10 shall not discriminate against an employee or applicant for employment because of race, color, religion, sex, age, marital status, national origin, creed or physical or mental handicap, unless based upon an essential job function as determined by Clark County Fire District 10.***

# Clark County Fire District 10

PO Box 309

Amboy, WA 98601

Serving Amboy, Cedar Creek, Chelatchie Prairie, Fargher Lake, Green Mountain, Highland and View  
360-247-5233

## BACKGROUND INFORMATION

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Other Names/Alias: \_\_\_\_\_

Social Security\* #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth\* \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Driver's License #: \_\_\_\_\_ State of Driver's License\* \_\_\_\_\_

Present Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_  
City State Zip Code

Cell Phone Number \_\_\_\_\_ Home Phone Number \_\_\_\_\_  
(if different)

E-mail \_\_\_\_\_

\*This information will be used for background screening purposes only and will not be used as hiring criteria.

## ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND INVESTIGATION

I acknowledge receipt of the separate documents entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION, DISCLOSURE FOR INVESTIGATIVE CONSUMER REPORT (if applicable), A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and OTHER STATE LAW NOTICES and certify that I have read and understand those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by **Clark County Fire District 10** (the "Company") at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **Background Screeners of America, 9333 Melvin Ave, Northridge, CA 91324, (866) 570-4949, <https://backgroundscreenersofamerica.com>** and/or the Company. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## **DISCLOSURE REGARDING BACKGROUND INVESTIGATION**

Clark County Fire District 10 (“the Company”) may obtain information about you from a third-party consumer reporting agency for employment purposes. Thus, you may be the subject of a “consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your, criminal history, social security verification, motor vehicle records (“driving records”), verification of your education or employment history, or other background checks.

The investigations will be conducted by **Background Screeners of America, 9333 Melvin Ave, Northridge, CA 91324 (866) 570-4949, <https://backgroundscreenersofamerica.com>**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_