

Application for Membership East Olympia Fire District 6

Date: _____			
Name _____			
Last	First	Middle	
Address _____			
Street	City	State	Zip Code
Phone Nos. Home () _____	Work () _____	Birthdate _____	
Cell () _____	Fax () _____	(Optional) Month	Day Year
Social Security No. _____		Driver's License No. _____	
Height _____	Weight _____	Color of Eyes _____	
(Optional)	(optional)		
Married _____	Spouse's Name _____		
(Optional)	Last	First	Middle
Single _____	Divorced _____	Children _____	How Many? _____
(Optional)			
Children's Names _____			
(Optional)	First Names		
Person to Notify in Cases of Emergency _____			Phone No. () _____
(Optional)	Name (first, last)		
Emergency Person's Address _____			
(Optional)	Street	City	State Zip
Are you legally eligible for employment in this country? _____			
(Proof of Employment Eligibility or immigration status will be required upon employment.)			

Organizations	
Have you ever been a member or worked _____ Where? _____	
for any fire department? _____	
Reason for leaving _____	
Name of Fire Chief _____ Phone No. () _____	
Address _____	
Street	City State Zip Code
What clubs, fraternal organizations or other memberships do you belong to? _____	
(Optional) _____	

AN EQUAL OPPORTUNITY EMPLOYER

Health

Conditions of Health. Do you know of any physical or mental conditions which would prevent you from performing any duties as a firefighter? _____

Have you been refused Life or Health Insurance? _____

If refused Insurance, why? _____

Educational Background

A. List the last three (3) schools attended, starting with most recent. **B.** List number of years completed. **C.** Indicate degree or diploma earned, if any.

A. Schools	B. Years Completed	C. Degree / Diploma

List any foreign language(s) you know and check the boxes that describe your skill level. (Optional)

Language	Speak Some	Speak Fluently	Read	Write

Record of Convictions

Have you ever been cited for; arrested, charged, or convicted of any criminal or traffic violations other than parking citations?

Yes No

If yes, provide the date of the incident, the city, county and state where the incident occurred and the disposition of the incident. For arrests, please state if the charges are still pending, have been dismissed, or led to conviction of a crime involving behavior that would adversely affect job performance. Include all arrests, deferred prosecutions, and "Alford" please.

(Please note, an arrest, conviction and/or pending charges will not necessarily result in a denial of employment; however, failure to disclose that information can disqualify you from employment. The purpose of these inquiries is to determine your suitability to perform the essential tasks of emergency response personnel, which requires the entry into private homes and business, and the care of children and adults in vulnerable states or conditions.)

Employment History

List your last three (3) employers, assignments or volunteer activities, starting with the most recent, including military experience.

Employer			Telephone ()		Dates Employed	
					From	To
Address			Summarize the nature of the work performed and job responsibilities			
City	State	Zip				
Job Title			Reason for leaving _____			
Immediate Supervisor and Title						
			May we contact for reference? Yes <input type="checkbox"/> No <input type="checkbox"/> Later <input type="checkbox"/>			
Employer			Telephone ()		Dates Employed	
					From	To
Address			Summarize the nature of the work performed and job responsibilities			
City	State	Zip				
Job Title			Reason for leaving _____			
Immediate Supervisor and Title						
			May we contact for reference? Yes <input type="checkbox"/> No <input type="checkbox"/> Later <input type="checkbox"/>			
Employer			Telephone ()		Dates Employed	
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Address			Summarize the nature of the work performed and job responsibilities			
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Job Title			Reason for leaving _____			
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			May we contact for reference? Yes <input type="checkbox"/> No <input type="checkbox"/> Later <input type="checkbox"/>			
Employer			Telephone ()		Dates Employed	
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City	State	Zip				
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Immediate Supervisor and Title						
			May we contact for reference? Yes <input type="checkbox"/> No <input type="checkbox"/> Later <input type="checkbox"/>			
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					From	To
Address			Summarize the nature of the work performed and job responsibilities			
City	State	Zip				
Job Title			Reason for leaving _____			
Immediate Supervisor and Title						
			May we contact for reference? Yes <input type="checkbox"/> No <input type="checkbox"/> Later <input type="checkbox"/>			

- Check any of the following in which you have had experience:
- | | | | |
|--|--|--|---------------------------------------|
| <input type="checkbox"/> First Aid | <input type="checkbox"/> Auto Mechanic | <input type="checkbox"/> Fire Fighting | <input type="checkbox"/> Nurse |
| <input type="checkbox"/> Power Lineman | <input type="checkbox"/> Electrician | <input type="checkbox"/> Pump Mechanic | <input type="checkbox"/> Engineer |
| <input type="checkbox"/> Bookkeeper | <input type="checkbox"/> Police Work | <input type="checkbox"/> Telephone Lineman | <input type="checkbox"/> Plumber |
| | | <input type="checkbox"/> Special Training | <input type="checkbox"/> Other: _____ |

References

List the names and telephone number of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three schools or previous references that are not related to you.

Name	Telephone	Years Known
	()	
	()	
	()	

General Information

Include in the lines below any additional information relative to your interest, qualifications, objectives or reasons for desiring membership in this organization.

It is understood and agreed upon that any misrepresentation by me on this application will be adequate cause for cancellation of this application and/or separation from the District's service if I have been accepted.

I give the District the right to investigate all references and to secure additional information about me, if job-related. I hereby release from liability the District and its representatives for seeking such information and all other persons, corporations or organizations furnishing such information.

The District is an Equal Opportunity Employer. The District does not discriminate in acceptance and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for acceptance on a basis prohibited by local, state or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the District and still wish to be considered for membership, it will be necessary to fill out a new application.

I understand that just as I am free to resign at any time, the District reserves the right to terminate my membership at any time, with or without prior notice. I understand that no representative of the District has the authority to make any assurances to the contrary.

I understand that that the District may require the satisfactory completion of physical, mental and any other testing as a condition of membership.

I hereby certify that the answers given by me to the foregoing questions and statements are true and correct. If membership is obtained under this application, I will comply with all rules and regulations of this District.

Recommended by: _____

Signature of
Applicant _____

Acceptance Date _____

Submit

Application to:

East Olympia Fire District 6
PO Box 578
East Olympia, WA 98540

Phone: (360) 491-5533