



# Klickitat County Fire District # 3

200 Husum Street / PO Box 151 Husum WA 989623  
(509) 493 2996

## Application

Position Applied For:		Date of Application:	
Name of Applicant (First, Middle, Last):			
Mailing Address:		Physical Address:	
Home Phone Number:		Message/Cell Phone Number:	
How long have you lived at your present address?		E-mail address	
Social Security Number:*		Birth date:*	US Citizen Y or N *
Driver's License Number:*		State:	Expiration Date:
<b>Persons To Contact In Case Of Emergency:</b>			
Name:		Relationship:	
Address:		Phone Number:	
Name:		Relationship:	
Address:		Phone Number:	
Name Of Personal Physician:		Phone Number:	
<b>How did you learn about this position? Please explain:</b>			
<b>Identify any special specific training you have for the Position. (Attach additional sheets if necessary)</b>			

\* Under Federal Law, an individual is not required to fill out this information prior to acceptance, it can only be provided on a voluntary basis until the time of acceptance. This information is requested only to expedite the application process. (If information provided please initial here \_\_\_\_\_)

## PAST WORK EXPERIENCE

<input type="checkbox"/> Paid <input type="checkbox"/> Volunteer		<input type="checkbox"/> May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Please notify me first	
From (Mo. & Year)	Employer's Name	Type of Business	Phone Number
To (Mo. & Year)	Address	City	State & Zip
Your Most Recent Position:			
Primary Duties:			
Name & Title of Immediate Supervisor:			
Reason For Leaving or Considering Change:			

<input type="checkbox"/> Paid <input type="checkbox"/> Volunteer		<input type="checkbox"/> May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Please notify me first	
From (Mo. & Year)	Employer's Name	From (Mo. & Year)	Employer's Name
To (Mo. & Year)	Address	To (Mo. & Year)	Address
Your Most Recent Position:			
Primary Duties:			
Name & Title of Immediate Supervisor:			
Reason For Leaving or Considering Change:			

<input type="checkbox"/> Paid <input type="checkbox"/> Volunteer		<input type="checkbox"/> May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Please notify me first	
From (Mo. & Year)	Employer's Name	From (Mo. & Year)	Employer's Name
To (Mo. & Year)	Address	To (Mo. & Year)	Address
Your Most Recent Position:			
Primary Duties:			
Name & Title of Immediate Supervisor:			
Reason For Leaving or Considering Change:			

	High School	College/University	Graduate or Professional
School name			
Degree/diploma			
Course of study			
Describe any specialized training, skills, licenses, or certifications			

**If not a high school graduate, do you have a certificate of equivalence? (GED)**  Yes  No  
**If yes, date received certificate** \_\_\_\_\_

**Do you possess a valid driver's license?**  Yes  No State \_\_\_\_\_  
 All position's require verification of safe driving record upon offer of employment.  
**Have you had any moving violations within the last three years?**  Yes  No  
 (If yes, please explain on attached sheet of paper.)

**Indicate any foreign languages you speak, read, and/or write:**

<b>REFERENCES:</b> Please provide names of three persons other than former employers and relatives who have known you for at least three (3) years and who have knowledge of your character, experience, and abilities.	
Name:	Number of years person has known you:
Address:	Phone number:
Name:	Number of years person has known you:
Address:	Phone number:
Name:	Number of years person has known you:
Address:	Phone number:

**Additional Comments you may want to make:**

Initial	Read the following and initial you have understood
	If I am considered for the position, <b>I authorize any inquiry to be made about any information contained in this application.</b> I agree to furnish additional information as may be requested; and I authorize Klickitat County Fire District 3 and agencies or companies by choice of Klickitat County Fire District 3 to investigate all information on this application. I release other parties from any claims, liabilities and damages resulting from obtaining or furnishing such information
	KCFD3 endeavors to operate its business in a safe manner for all members, customers, residents, visitors and/or guests. <b>I understand that before or after receiving any offer of membership, I may be asked to submit to testing for the current illegal use of drugs by a firm that is chosen and paid for by KCFD 3.</b> The results of such testing will be communicated to KCFD3 or its agents. If I refuse to be tested or if I produce a positive test result for the current illegal use of drugs, I understand that I will not be further considered for membership.
	If I am offered membership, <b>I understand that I will be asked to sign a Federal I-9 form</b> and provide positive proof of my identity and verification of my right to live and work in the U.S.A.
	<b>I understand that this is an application only and that it does not constitute an offer of membership or an employment contract.</b> As the Applicant named above, I authorize KCFD3 and/or its agents to: <ol style="list-style-type: none"> <li>1. Obtain verification of information provided by me in this membership application in any supplemental questionnaire, exhibit, resume, or biographical sheets exhibited by Applicant.</li> <li>2. Obtain information regarding work habits, skills and conduct from my past and present employers, as well as, listed or developed references or institutions.</li> <li>3. Obtain information from law enforcement and other governmental agencies, military authorities, and private companies concerning my conduct, including traffic and criminal violations.</li> <li>4. Obtain information from education institutions concerning my education all records, conduct, and skills.</li> </ol>

*"I hereby certify that this application contains no misrepresentations or falsifications and that the information given is true and complete to the best of my knowledge and belief. I understand misrepresentation or omission of facts called for in this application may subject me to disqualification or dismissal.*

*I understand that neither the acceptance of this application by the District nor any statements contained in any material distributed by the District, nor any statements made by representatives of the District confer or create any contractual rights of employment."*

\_\_\_\_\_  
Signature of Applicant:

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

**Submit completed application to:**

Mailing Address: <b>PO Box 151  Husum WA 98623</b>	Physical Address: <b>200 Husum Street  Husum WA 98623</b>
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