

**Klickitat County Fire District No. 3  
P. O. Box 151, Husum, WA 98623-0151  
200 Husum Street, Husum WA 98623**

**EMPLOYMENT APPLICATION**

**APPLICATION MUST BE COMPLETED IN FULL, TYPED OR IN INK, EVEN IF YOU ARE SUBMITTING A RESUME IN ADDITION TO THIS APPLICATION. INCOMPLETE APPLICATIONS WILL NOT BE INCLUDED FOR CONSIDERATION IN THE SELECTION PROCESS.**

**DATE OF APPLICATION:** \_\_\_\_\_

**POSITION YOU ARE APPLYING FOR:** Firefighter\_\_\_\_ EMT \_\_\_\_ OTHER\_\_\_\_\_

**NAME:** \_\_\_\_\_  
LAST FIRST MIDDLE

**Mailing ADDRESS:**  
\_\_\_\_\_  
NUMBER STREET APT.  
\_\_\_\_\_  
CITY STATE ZIP

**Physical ADDRESS:**  
\_\_\_\_\_  
NUMBER STREET APT.  
\_\_\_\_\_  
CITY STATE ZIP

**PHONE:** \_\_\_\_\_  
HOME WORK MOBILE PHONE

e-mail: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Have you previously been employed by Klickitat County Fire District No. 3?** Yes \_\_\_\_ No \_\_\_\_

(If yes, list titles and dates employed.) \_\_\_\_\_  
\_\_\_\_\_

**Are any of your relatives employed by Klickitat County Fire District No. 3?** Yes \_\_\_\_ No \_\_\_\_

(If yes, list person and relationship.) \_\_\_\_\_  
\_\_\_\_\_

**Are you a U.S. citizen, or are you eligible for lawful employment in the U.S.?** (Upon hire, can you submit verification of your identity and eligibility to be employed in the United States?) Yes \_\_\_\_ No \_\_\_\_

**Do you possess a valid driver's license?** Yes\_\_ No\_\_ State\_\_ License No. \_\_\_\_\_ Exp. Date \_\_\_\_\_  
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.)

<b>EDUCATION AND TRAINING</b>					
<b>TYPE OF SCHOOL</b>	<b>NAME AND LOCATION</b>	<b>MAJOR SUBJECT</b>	<b>CIRCLE NO. YEARS COMPLETED</b>	<b>DEGREE OR CREDITS EARNED</b>	<b>DATES ATTENDED</b>
Grad School			1 2 3 4		
College			1 2 3 4		
College			1 2 3 4		
Bus/Voc			1 2 3 4		
High School			9 10 11 12 GED		

<b>Other Relevant Courses And Training</b>	<b>Name and Location of Institution</b>	<b>Dates Attended</b>

<b>PROFESSIONAL LICENSES OR CERTIFICATES</b>			
<b>Type of License or Certificate</b>	<b>Serial No.</b>	<b>Date Issued</b>	<b>Expiration</b>

List professional and occupational organizations of which you are a member.

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List special skills, qualifications, and considerations that would be of value in the work for which you are applying.

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**EMPLOYMENT EXPERIENCE** Start with your present or last job. Describe supplementary experience/training which relates to the position for which you are applying (i.e., part-time employment, unpaid or volunteer service, and military service).

Name of Employer:	
Address:	Telephone:
Immediate Supervisor:	
Your Title:	Ending Salary:
Specific Duties:	
Dates: From:	To: Total Months: _____ Hrs/Wk: _____:
Reason for Leaving:	

Name of Employer:	
Address:	Telephone:
Immediate Supervisor:	
Your Title:	Ending Salary:
Specific Duties:	
Dates: From:	To: Total Months: _____ Hrs/Wk: _____:
Reason for Leaving:	

Name of Employer:	
Address:	Telephone:
Immediate Supervisor:	
Your Title:	Ending Salary:
Specific Duties:	
Dates: From:	To: Total Months: _____ Hrs/Wk: _____:
Reason for Leaving:	

Name of Employer:	
Address:	Telephone:
Immediate Supervisor:	
Your Title:	Ending Salary:
Specific Duties:	
Dates: From:	To: Total Months: _____ Hrs/Wk: _____:
Reason for Leaving:	

Have you ever been discharged/fired, or asked to resign from a position? Yes\_\_\_(explain below) No\_\_\_

List all periods of unemployment of 60 days or more and explain. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES**

List three non-relatives who are familiar with your qualifications and actual work history and ability.

NAME	ADDRESS	OCCUPATION/ RELATIONSHIP	YEARS KNOWN	TELE- PHONE

**WAIVER AND ACKNOWLEDGEMENT**

I certify that all my statements on this application are true and complete. I consent to and authorize agents of Klickitat County Fire District 3 to ask for information concerning me. I release all persons and entities connected with any requests for information from all claims, liability and damages for whatever reason arising out of furnishing this information. Further, I authorize the release of information contained in this application if requested under open public records law. I understand and agree that any misrepresentation or omission by me on this application can be sufficient to disqualify me for membership or, if a member, can result in my dismissal. I also understand that failure to date and sign this form will also be grounds for non-consideration. If I accept a position with Klickitat County Fire District No. 3, I agree to comply with all of its policies and procedures.

I understand that acceptance of an offer of membership does not create a contractual obligation upon the district to continue to 'employ' me in the future. Absent a contract provision to the contrary, I agree that if accepted, both Klickitat County Fire District 3 and I will be free to terminate my employment at any time, with or without cause or advance notice, and without compensation. I acknowledge that no contrary representations or promises are authorized or enforceable unless in a written employment agreement signed by an agent of Klickitat County Fire District 3.

I have read and understand the information contained in this application. I acknowledge I have received the job description and am familiar with the essential functions of this job.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

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Klickitat County Fire District No. 3 is an equal employment opportunity employer. We do not discriminate on the basis of age, sex, marital status, race, creed, national origin, disability, or other protected status in accordance with applicable federal and state laws.



# CERTIFICATE OF APPLICANT

(Read carefully AFTER you complete the application and INITIAL each paragraph)

\_\_\_\_\_ I certify that all information given on this application is true, correct, and complete. I have not withheld any fact or circumstance which is covered by this application. I understand that any false, misleading, or incomplete information on this application will result in rejection of my application or termination of my employment whenever discovered.

\_\_\_\_\_ I have read the KCFD#3 job description for Training Captain and understand all that is desired and required of the Fire Officer

\_\_\_\_\_ If I am considered for membership, I authorize any inquiry to be made about any information contained in this application. 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 the fire district to explore all information on this application. I release other parties from any claims, liabilities and damages resulting from obtaining or furnishing such information.

\_\_\_\_\_ Klickitat County Fire District #3 endeavors to operate its business in a safe manner for all members, customers, residents, visitors and/or guests. 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. The results of such testing will be communicated to the fire district 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 employment.

\_\_\_\_\_ If I am offered membership, I understand that I will be asked to sign a Federal I-9 form and provide positive proof of my identity and verification of my right to live and work in the U.S.A.

\_\_\_\_\_ I understand that this is an application only and that it does not constitute an offer of employment or an employment contract. As the Applicant named above, I authorize Klickitat County Fire District #3 and/or its agents to:

1. Obtain verification of information provided by me in this membership application in any supplemental questionnaire, exhibit, resume, or biographical sheets exhibited by Applicant.
2. Obtain information regarding work habits, skills and conduct from my past and present employers, as well as, listed or developed references or institutions.
3. Obtain information from law enforcement and other governmental agencies, military authorities, and private companies concerning my conduct, including traffic and criminal violations.
4. Obtain information from education institutions concerning my education all records, conduct, and skills.

**APPLICANT'S SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_