

LEWIS COUNTY FIRE DISTRICT 15

PO BOX 708 • WINLOCK, WA 98596
 (360) 785-4221 • FAX (360) 785-3839
admin@lewis15.org



APPLICANT INFORMATION

| | | | | | |
|---|---------------------|------------------------------|-----------------------------|--|-----------------------------|
| Last Name | | First | | M.I. | Birth Date |
| Street Address | | | | Apartment/Unit # | |
| City | | State | | ZIP | |
| Phone | | E-mail Address | | | |
| Date Available | Social Security No. | | Current Work Schedule | | |
| Position Applied For | | | | | |
| Are you a citizen of the United States? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If no, are you authorized to work in the U.S.? | |
| | | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Do you have any work related experience? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, what? | |
| Have you ever been convicted of a felony? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, explain | |

EDUCATION

| | | | | | |
|-------------|----|-------------------|------------------------------|-----------------------------|--------|
| High School | | Address | | | |
| From | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |
| College | | Address | | | |
| From | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |
| Other | | Address | | | |
| From | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |

REFERENCES - PROFESSIONAL

*Please list three **professional** references.*

| | | |
|-----------|--|---------------|
| Full Name | | Relationship |
| Company | | Phone () |
| Address | | |
| Full Name | | Relationship |
| Company | | Phone () |
| Address | | |
| Full Name | | Relationship |
| Company | | Phone () |
| Address | | |

REFERENCES - PERSONAL

*Please list three **personal** references.*

Full Name

Relationship

Phone ()

Address

Full Name

Relationship

Phone ()

Address

Full Name

Relationship

Phone ()

Address

PREVIOUS ADDRESSES

Please list your last three previous addresses. (If not applicable, please write N/A)

Address

From

To

Rent

Own

Co-tenant(s)

Reason for Moving

Address

From

To

Rent

Own

Co-tenant(s)

Reason for Moving

Address

From

To

Rent

Own

Co-tenant(s)

Reason for Moving

CURRENT & PREVIOUS EMPLOYMENT

| | | | |
|--|--------------------|--------------------|--|
| Company | | Phone () | |
| Address | | Supervisor | |
| Job Title | Starting Salary \$ | Ending Salary \$ | |
| Responsibilities | | | |
| From | To | Reason for Leaving | |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| Company | | Phone () | |
| Address | | Supervisor | |
| Job Title | Starting Salary \$ | Ending Salary \$ | |
| Responsibilities | | | |
| From | To | Reason for Leaving | |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| Company | | Phone () | |
| Address | | Supervisor | |
| Job Title | Starting Salary \$ | Ending Salary \$ | |
| Responsibilities | | | |
| From | To | Reason for Leaving | |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date

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WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

This document affects your legal rights.

Read carefully before signing.

To whom it may concern,

I, the undersigned, authorize you to furnish Lewis County Fire District 15 or its agencies, any and all information that you have concerning me, my work record, my reputation, my medical records, my psychological testing and analysis plus recommendation, my military service records, my educational background and records, my financial status, and such other information and records as you may have in your possession relating to me. Information of a confidential or privileged nature may be included in the materials you provide to Lewis County Fire District 15 or its agencies. Your reply will be used to assist Lewis County Fire District 15 or its agencies in determining my qualifications and fitness for a position I am seeking with and/or one of its departments or agencies.

I understand my right to request access to any public records relating to me pursuant to Title 5 of the United States Code, Section 552 et seq., The Privacy Act of 1974, the Freedom Of Information Act, and the Revised Code Of Washington (RCW) 42.17 and specifically waive those rights understanding that the information furnished will be used by Lewis County Fire District 15 and or/its agencies or departments in conjunction with employment procedures. I will make no attempt to gain access to the information provided by you to Lewis County Fire District 15 and/or its agencies or departments in conjunction with this employment process and hereby expressly waive any rights I may have to request the disclosure or information provided by you and/or its agencies or departments in conjunction with employment procedures.

Further, I do hereby release you, your organization, your agents, and others from liability or damage which may result from furnishing information to Lewis County Fire District 15 pursuant to this waiver and authorization to release information.

I do hereby release the Lewis County Fire District 15 its, agents, and others and authorize them to provide my present employer with any information developed during the background investigation.

Applicant's Name (Printed)

Applicant's Signature

Date

Subscribed and sworn to before me on this _____ day of _____, 20____

Notary Public

Commission Expires

Residing at

Notary Stamp

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Notice of Criminal History Inquiry - Criminal History Disclosure

Last: _____ First: _____ Middle: _____

Other Names/Maiden Name: _____

Date of Birth: _____ - _____ - _____ Social Security #: _____ - _____ - _____

Lewis County Fire District 15 is required by RCW 43.43.830 to investigate the criminal history of all applicants. This investigation will disclose convictions of crimes against children or other persons, crimes relating to drugs, crimes relating to financial exploitation of a vulnerable adult, and certain civil adjudications. Any conviction for any crime in the above categories shall make the applicant ineligible for membership or employment with Lewis County Fire District 15. Any information found in this investigation will be reported to the applicant if requested.

You are required to make the following disclosure and answer the following questions; mark the box to the left of each question that applies. Have you ever been:

- Convicted of any crime committed against a person;
- Convicted of crimes relating to financial exploitation if the victim was a vulnerable adult;
- Convicted of crimes related to drugs as defined in RCW 43.43.830;
- Found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abused any minor;
- Found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor;
- Found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult;
- Found by a court in a protection proceeding under chapter 74.34 RCW, to have abused or financially exploited a vulnerable adult; **OR**
- None of the above statements apply to me.

I swear under penalty of perjury under the laws of the laws of the State of Washington that the above disclosures are true and correct. I understand that any misrepresentation or falsification of this document will subject me to prosecution for perjury and will cause me to become ineligible for continued/current membership or employment.

Applicant Signature: _____

Date: _____