



## Clark County Fire District 6

8800 NE Hazel Dell Avenue, Vancouver, WA 98665  
(360) 576-1195 / Fax (360) 576-1198 / [www.ccfcd6.org](http://www.ccfcd6.org)

Please read everything carefully and thoroughly. Provide all information requested, completing legibly by printing in ink or by typing. Attach your cover letter, resume, and copies of required licenses, certifications, and preferred qualification (if any). **To be considered complete**, all sections of this application must be fully filled out and signed where required. If a section does not apply to you, mark it as N/A. All application materials should be emailed to [Julie.Patterson@ccfd6.org](mailto:Julie.Patterson@ccfd6.org) by **5 p.m. on Sunday, November 29, 2026**.

**Position applying for:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Date Submitted:** \_\_\_\_\_  
Last First Middle Initial

**Email:** \_\_\_\_\_ **Are you over 18 years old:** Yes ☐ No ☐

**Mailing Address:** \_\_\_\_\_  
Street/PO Box City State Zip Code

**Phone:** \_\_\_\_\_  
Home Cell Work

In an effort to evaluate the effectiveness of our recruiting efforts, how did you learn of the position?

- ☐ Advertisement – Which one: \_\_\_\_\_  
☐ Department Member – Who: \_\_\_\_\_  
☐ Other – Please explain: \_\_\_\_\_

**Records Retention** – Applications are retained according to the requirements of the State of Washington Records Retention Schedule. However, applicants must complete a new application to be considered for additional and/or future positions.

**Proof of Authorization to Work in the U.S.** – As a condition of employment, documentation will be required to prove eligibility to obtain employment along with personal identification as required by the Immigration Reform and Control Act of 1986.

**Equal Opportunity Employer** – Clark County Fire District 6 is an equal opportunity employer and does not discriminate on the basis of race, religion, age, national origin, gender, marital status, sexual orientation, disability, or veteran status or any other protected status. All decisions affecting hiring, promotions, compensation, training, discipline, and discharge will be made without regard to protected status. Consistent with the commitment to equal opportunity, Clark County Fire District 6 provides reasonable accommodation to qualified individuals with disabilities in all aspects of the hiring process. To request reasonable accommodation in the hiring process, contact Human Resources Administrator at 360.576.1195 or [Julie.Patterson@ccfd6.org](mailto:Julie.Patterson@ccfd6.org).

| Educational History |              |      |                 |                                                       |                    |
|---------------------|--------------|------|-----------------|-------------------------------------------------------|--------------------|
| High School         | City & State | Year | Comments        | Graduate                                              | Diploma or GED?    |
|                     |              |      |                 | Yes <input type="radio"/><br>No <input type="radio"/> |                    |
| Tech/Trade School   | City & State | Year | Course of Study | Graduate                                              | Earned Credentials |
|                     |              |      |                 | Yes <input type="radio"/><br>No <input type="radio"/> |                    |
|                     |              |      |                 | Yes <input type="radio"/><br>No <input type="radio"/> |                    |
| College             | City & State | Year | Course of Study | Graduate                                              | Degree/Credits     |
|                     |              |      |                 | Yes <input type="radio"/><br>No <input type="radio"/> |                    |
|                     |              |      |                 | Yes <input type="radio"/><br>No <input type="radio"/> |                    |
| Other Education     | City & State | Year | Course of Study | Graduate                                              | Degree/Credits     |
|                     |              |      |                 | Yes <input type="radio"/><br>No <input type="radio"/> |                    |
|                     |              |      |                 | Yes <input type="radio"/><br>No <input type="radio"/> |                    |
|                     |              |      |                 | Yes <input type="radio"/><br>No <input type="radio"/> |                    |

**Experience** – List any position relevant memberships, certificates, or licenses (include expiration dates).

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**Specialized Skills** – List and briefly describe any position relevant skills, expertise, or work experience.

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## Employment History

Starting with your present or last employer, list your employment history. Include self-employment, summer, and part-time jobs.

|                                                                 |                  |                                  |
|-----------------------------------------------------------------|------------------|----------------------------------|
| <b>Present or Last Employer</b>                                 | Type of business | Title of Last Position Held      |
| Street Address                                                  | Phone No.        | Brief Description of Job Duties: |
| City State Zip Code                                             |                  |                                  |
| Supervisor's Name and Title                                     | Phone No.        |                                  |
| Dates Worked<br>From To                                         |                  |                                  |
| Reason for Leaving or Seeking Employment:                       |                  |                                  |
| <b>Previous Employer</b>                                        | Type of business | Title of Last Position Held      |
| Street Address                                                  | Phone No.        | Brief Description of Job Duties: |
| City State Zip Code                                             |                  |                                  |
| Supervisor's Name and Title                                     | Phone No.        |                                  |
| Dates Worked<br>From To                                         |                  |                                  |
| Reason for Leaving or Seeking Employment:                       |                  |                                  |
| <b>Previous Employer</b>                                        | Type of business | Title of Last Position Held      |
| Street Address                                                  | Phone No.        | Brief Description of Job Duties: |
| City State Zip Code                                             |                  |                                  |
| Supervisor's Name and Title                                     | Phone No.        |                                  |
| Dates Worked<br>From To                                         |                  |                                  |
| Reason for Leaving or Seeking Employment:                       |                  |                                  |
| If more space is required, please continue on a separate sheet. |                  |                                  |

### Professional References

List five people below who are not related to you who have knowledge of your qualifications for the position for which you are applying.

| Name | Title/Relationship | E-Mail Address | Phone Number | Occupation |
|------|--------------------|----------------|--------------|------------|
|      |                    |                |              |            |
|      |                    |                |              |            |
|      |                    |                |              |            |
|      |                    |                |              |            |
|      |                    |                |              |            |

May we contact your present employer? Yes ☐ No ☐

**In evaluating your application, we may contact prior employers. If you would like to request that we do not contact a prior employer, identify the employer and provide a reason for this request.**

**Do not contact this employer:** \_\_\_\_\_

Reason: \_\_\_\_\_

**Do not contact this employer:** \_\_\_\_\_

Reason: \_\_\_\_\_

### Additional Information

Have you been previously employed by Clark County Fire District 6? Yes ☐ No ☐

If yes, describe when and in what capacity:

\_\_\_\_\_

Do you have relatives employed by Clark County Fire District 6? Yes ☐ No ☐

If yes, please list them:

\_\_\_\_\_

Have you read the job description for which you are applying for and can you perform essential functions with or without reasonable accommodation? Yes ☐ No ☐

## Certification and Authorization to Release Information

To Whom It May Concern:

I \_\_\_\_\_ (Print Name) hereby authorize any Clark County Fire District 6 officer or other authorized representative bearing this release, or a copy of it, to review information pertaining to my employment, military service, credit history, or education, including, but not limited to, academic achievement, attendance, athletic, personal history, disciplinary, medical, psychological testing analysis and recommendation, criminal history, and credit records.

I hereby release you and your organization (including its officers and employees or related personnel, both individually and collectively) from any and all liability or damage of whatever kind, which may, at any time, result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

I hereby direct you to release this information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of Clark County Fire District 6.

Consent is further granted to Clark County Fire District 6 to furnish such information as described above, to third parties in the course of fulfilling its official responsibilities.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature. The original of this form is maintained at Clark County Fire District 6 headquarters, in Vancouver, Washington.

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

**If any of your educational or employment records are under any other than the above name, please provide other names:** \_\_\_\_\_

## Signature and Acknowledgment

**This is a legal document, read it carefully before signing.**

I, the below signed, make this application as an inducement to the District to evaluate my application and to employ me. I have read and completed this application and certify that entries made by me are without omission and are a fully, truthful account of my present and past activities. I authorize and give the right to the District to make a thorough, vigorous investigation of all entries made on this form by me and other materials I have provided. Any false or misleading statement or entry on this form and other material I have provided will result in my rejection of employment or my immediate termination if I am employed.

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

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