



Cowlitz County Fire District #5

Application for Employment

382 NE Frontage Rd.,
P.O. Box 280, Kalama, WA 98625
(360) 673-2222 FAX (360) 673-3389

EMPLOYMENT DESIRED:

- Over 18 years of age: Yes No

Last Name		First		Middle Initial		Date of Application		
Physical Address						Mailing Address:		
City		State		ZIP code		Phone Numbers:		Home:
						Work:		Cell:
How were you referred to the department? (Circle only one)	A By your college	B Advertisement	C Employment Agency	D By an Employee	If so, give name:	E Walk-in	F Resume or letter	G Other

Please read carefully and complete by printing in ink or typing.

Provide all information requested. You may attach a resume, but application must be completed in full.

Applications are retained according to the requirements of the State of Washington Records Retention Schedule. However, applicants must complete a new application and testing process to be considered for a new Eligibility List.

As a condition of employment, documentation is required to prove eligibility to obtain employment along with personal identification as required by the Immigration Reform and Control Act of 1986.

An Equal Employment Opportunity Employer

Cowlitz County Fire District #5 is an equal employment opportunity employer, and does not and will not discriminate on the basis of race, religion, national origin, sex, age, disability, marital status, sexual orientation, or status as a veteran. Information provided on this application will not be used for any discriminatory purpose.

Drug Free Workplace

Cowlitz County Fire District #5 has adopted a drug-free workplace policy that requires pre-employment drug testing and other forms of drug and alcohol testing as described in the department policy.

Eligibility List

A testing process is used to create an eligibility list which is valid for two years, unless extended by the Fire Chief. All appointments to vacant regular, full-time Firefighter positions will be made from this list. Additional testing and documentation is required prior to appointment to a regular, full-time position.

Educational History

School Name	Location (city, state)	Major Course or Subject Studied	Graduated		Degree (or # of credits completed)
			Yes	No	
High School					
Technical/trade (after high school)					
College (list all attended)					
Other education/training					
Military Service	Branch	MOS	Date of Enlistment		Discharge Date

Special Skills

Office/Clerical Work:			Public Works/Maintenance Work:	
		<i>YRS. EXP.</i>		<i>YRS. EXP.</i>
Typing	Yes No	Words per minute	Type of machines operated	
Speedwriting/Shorthand	Yes No	Words per minute		
Computer Skills	Hardware Software			
Please list other skills and/or equipment/language experience you have acquired			Please list other trade skills you have acquired	
			Served apprenticeship Yes When served No	
			Type of apprenticeship	
			Journey Level Status Yes No	
			Level Achieved _____	
			Date Achieved/Received: _____	

Employment Record

Starting with present or most recent, list all previous employers. Include self-employment and summer and part-time jobs. If more space is required, please continue on a separate sheet. **You may attach a resume, but this portion of the application must be completed in full as well.**

Last or present company		Type of business	Title of position held	
Street Address		Phone No.	Brief description of job duties	
City	State	ZIP code		
Supervisor's name and title		Phone No.		
Base salary	Dates worked From To			
Reason for leaving or seeking employment				
<hr/>				
Company		Type of business	Title of position held	
Street Address		Phone No.	Brief description of job duties	
City	State	ZIP code		
Supervisor's name and title		Phone No.		
Base salary	Dates worked From To			
Reason for leaving				
<hr/>				
Company		Type of business	Title of position held	
Street Address		Phone No.	Brief description of job duties	
City	State	ZIP code		
Supervisor's name and title		Phone No.		
Base salary	Dates worked From To			
Reason for leaving				

Professional/Work References

List two past supervisors and one person who is not related to you who have knowledge of your qualifications for the position for which you are applying.

Name	Title/Relationship	Address (street, city, state, zip code)	Phone No. (include area code)	Occupation
May we contact your present employer?		Yes No	Salary desired:	Date available:

Additional Professional Qualifications

Professional memberships, certificates, or licenses held. **If certificates or licenses are required for the position for which you are applying, you must include a copy with the application.**

Miscellaneous

Have you been previously employed by CCFD #5?	Yes	If yes, when and in which department?
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	No	
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Do you have any relative(s) currently employed by CCFD #5	Yes	If yes, list below
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	No	
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Name	Relationship	Name	Relationship
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Have you been convicted of any crimes other than minor traffic violations during the past seven years?	Yes	If yes, list below
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	No	
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(A conviction record will not necessarily bar you from employment)

Would you be willing to submit to an employment physical?	Yes	
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	No	
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Would you be willing to submit to a drug screening test?	Yes	
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	No	
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Will visa or immigration status prevent lawful employment?	Yes	
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	No	
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(Proof of citizenship or immigration status will be required upon employment)

Do you have any activities, commitments or responsibilities that may prevent you from meeting work attendance, travel, overtime or training requirements?	Yes	If yes, explain?
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	No	
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I hereby certify that the answers and other information on this application are true and correct and that I understand any misrepresentation or omission of facts on my part will be justification for withdrawal of my application or separation from CCFD #5 service, if employed. I understand that my employment may be contingent upon receipt of an alien registration number, verification of birth, and any other pertinent information bearing upon my employment and my continued employment depends upon the will of the department or myself.

With my signature below, I authorize CCFD #5 to solicit information regarding my character, general reputation, credit, previous employment and similar background information, and to contact any and all references I have given on my application. I release all parties and persons connected with any such request for information from all claims, liabilities, and damages that may arise out of the furnishing of such information. If employed, I release CCFD #5 from any liability for future references it may provide regarding my work history at the department.

Signature

Date

If any of your educational or employment records are under other than the above name, please provide other names.
