

OKANOGAN COUNTY FIRE DISTRICT #6

P.O. BOX 895 • WINTHROP, WA 98862 • PHONE (509) 997-2981 • FAX (509) 997-2982

Commissioners

Jerry Palm - Chair
Darold Brandenburg
Les Stokes

Chief

Cody Acord
cacord@okanogancountyfd6.com

Secretary

Mark Crum



Answer all questions in the space provided. If more space is need, please attach additional pages.

NAME _____

MAILING ADDRESS _____

PHYSICAL ADDRESS _____

TELEPHONE _____ CELL _____

PERSONAL

AGE _____ BIRTHDATE (MM/DD/YYYY) _____ MARITAL STATUS: Single Married

SOCIAL SECURITY # _____ NAME OF SPOUSE _____

HEIGHT _____ WEIGHT _____ HAIR COLOR _____ EYE COLOR _____

WASHINGTON STATE
DRIVER'S LICENSE NO. _____

RESTRICTIONS OR
ENDORSEMENTS _____

TRAFFIC CITATIONS
LAST 3 YEARS _____

MEDICAL AND EMERGENCY

IN CASE OF
EMERGENCY NOTIFY _____ RELATIONSHIP _____

ADDRESS _____ TELEPHONE _____

PHYSICIAN _____ TELEPHONE _____

BLOOD TYPE _____ ALLERGIES OR CONDITIONS THAT COULD AFFECT TREATMENT _____

PHYSICAL RESTRICTIONS, DISABILITIES, OR LIMITATIONS (INCLUDING, BUT NOT LIMITED TO VISION, HEARING, ALLERGIES, BACK PROBLEMS, LIFTING ABILITY, FEAR OF HEIGHTS, ETC.)

06052018@1334

EDUCATION

HIGH SCHOOL

GRADUATE YES NO GED

COLLEGE

(HIGHEST LEVEL COMPLETED) 1 2 3 4

MAJOR AREAS OF STUDY _____

PRESENT EMPLOYMENT

CURRENTLY EMPLOYED? YES NO

IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO

NAME OF EMPLOYER _____

ADDRESS _____

TELEPHONE _____

EMPLOYMENT DATE _____

JOB TITLE _____

EMPLOYMENT HISTORY

ON AN ADDITIONAL PAGE LIST THE LAST 2 EMPLOYERS, BEGINNING WITH THE MOST RECENT ONE . PLEASE INCLUDE: NAME/ADDRESS/PHONE NUMBER OF EMPLOYER, STARTING DATE, ENDING DATE, AND JOB TITLE.

FIREFIGHTER HISTORY

PLEASE PROVIDE PROOF OF ALL RELIVANT TRAINING, QUIFICATIONS, AND WORK EXPERIENCE (COPIES MUST BE LEGIBLE).

BE SURE TO INCLUDE A COPY OF YOUR CURRENT FIRST AID/CPR/AED CARD.

REFERENCES: LIST AND ATTACH THREE LETTERS OF REFERENCE

LIST THE NAME OF 3 PEOPLE NOT RELATED TO YOU WHO HAVE KNOWN YOU AT LEAST ONE YEAR:

(IF THESE ARE THE SAME REFERENCES AS THOSE LISTED ON YOUR RESUME, SAY "SEE RESUME")

NAME:

ADDRESS:

BUSINESS:

YEARS KNOWN:

1.) _____

2.) _____

3.) _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY CRIME? IF SO, PLEASE EXPLAIN BELOW. YES NO

AUTHORIZATION

I HEREBY CERTIFY THAT THE ANSWERS GIVEN IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION ALONG WITH THE REFERENCES

AND EMPLOYERS LISTED TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PRETINET INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

DATE _____

SIGNATURE _____