

Today's Date:

Woodinville Fire & Rescue

An Equal Opportunity Employer

PERSONAL INFORMATION

Please type or print. Contact CAO Montegary (425-483-2131) to request reasonable accommodation to apply or participate in the interview process.

Name (Last, First, Middle)

Address (Number and Street, City, State, Zip)

E-mail:

Home Phone:

Cell Phone:

Position for which you are applying:

When would you be available to begin work?

Are you legally eligible to be employed in the United States?
(Proof of identity and eligibility will be required upon employment)

Are you over the age of 18 years?

Yes No

Yes No

Should we determine that you meet the basic criteria for the position for which you are applying, we will be conducting a background check. Please acknowledge that you understand this information by initialing here.



Have you ever worked for the District before? Yes No If yes, when? _____

If yes, in what capacity? _____

If yes, reason for leaving? _____

Do you have any relatives or friends who work for the District? Yes No

If yes, who? What is your relationship? _____

How did you find out about this position? Employment agency District web site Craigslist

Walk in Friend WA Fire Chiefs site King County Fire Chiefs site Other _____

EMPLOYMENT INFORMATION

Please Type or Print

Are you presently employed? Yes No If yes, may we contact your employer? Yes No

Name of current or last employer:

From: _____

To: _____

Address (Number and Street, City, State, Zip)

Job Title:

Annual Salary: _____

May we contact your supervisor? Yes No

Phone: _____

Name of Supervisor: _____ Title: _____

Description of work:

Reason for leaving:



EMPLOYMENT INFORMATION

Continued

Name of previous employer: _____ From: _____
_____ To: _____

Address (Number and Street, City, State, Zip) _____ Job Title: _____

Annual Salary: _____ May we contact your supervisor? Yes No Phone: _____

Name of Supervisor: _____ Title: _____

Description of work:

Reason for leaving:

Name of previous employer: _____ From: _____
_____ To: _____

Address (Number and Street, City, State, Zip) _____ Job Title: _____

Annual Salary: _____ May we contact your supervisor? Yes No Phone: _____

Name of Supervisor: _____ Title: _____

Description of work:

Reason for leaving:

Name of previous employer: _____ From: _____
_____ To: _____

Address (Number and Street, City, State, Zip) _____ Job Title: _____

Annual Salary: _____ May we contact your supervisor? Yes No Phone: _____

Name of Supervisor: _____ Title: _____

Description of work:

Reason for leaving:

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EDUCATION

Please Type or Print

Grammar School: _____

Location (City/State): _____ Number of years attended: _____

Did you graduate? Yes No Subjects studied: _____

High School: _____

Location (City/State): _____ Number of years attended: _____

Did you graduate? Yes No Subjects studied: _____

College: _____

Location (City/State): _____ Number of years attended: _____

Did you graduate? Yes No Subjects studied: _____

Post-College: _____

Location (City/State): _____ Number of years attended: _____

Did you graduate? Yes No Subjects studied: _____

Trade/Vocational: _____

Location (City/State): _____ Number of years attended: _____

Did you graduate? Yes No Subjects studied: _____

Have you completed any special courses, seminars and/or training that would enable you to perform the position for which you are applying? Yes No

If yes, please describe:

Do you belong to any professional, trade, business or civic organizations that deal with the position for which you are applying? (You need not disclose membership in professional organizations that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age, disability, marital status, veteran status or any other protected status.) Yes No

If yes, please describe:

Please list any special skills that you have that are relevant to the position for which you are applying:

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REFERENCES

Please Type or Print

Please give the names and contact information of three persons who are not related to you but whom you have known for at least one year:

1 Name: _____ E-mail: _____
 City, State: _____ Years Acquainted: _____ Phone: _____
 Home
 Cell
 Business

2 Name: _____ E-mail: _____
 City, State: _____ Years Acquainted: _____ Phone: _____
 Home
 Cell
 Business

3 Name: _____ E-mail: _____
 City, State: _____ Years Acquainted: _____ Phone: _____
 Home
 Cell
 Business

SERVICE RECORD

Please Type or Print

Branch of Service	Rank	Discharge Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

Woodinville Fire & Rescue is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, sexual orientation, gender identity or expression, marital status, national origin, disability or handicap, veteran status, or any other basis prohibited by law.

APPLICANT'S CERTIFICATION AND AGREEMENT

Signature and Date Required

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Woodinville Fire & Rescue to verify their accuracy and to obtain reference information on my work performance. I hereby release Woodinville Fire & Rescue from any and all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand and agree that no representative of the employer has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized employer representative.

_____ Date

_____ Applicant's Signature