



East Grays Harbor Fire Departments
Joint Recruitment



East Grays Harbor Fire Departments are Equal Opportunity Employers and does not unlawfully discriminate on the basis of race, sex, age, color, religion, national origin, marital status, disability status, or any other basis prohibited by Federal, State or local law.

REGIONAL VOLUNTEER APPLICATION

Name: _____
First Middle Last

Present Address: _____

Previous Address: _____

Telephone Number: (Home) _____ (Work) _____

Driver's License Number: _____

Position(s) Applied for: _____

Specify Days and Hours for which you are Available: _____

Date Available: _____ Desired Salary: _____

Are you willing to relocate? Yes () No () If yes, specify location: _____

How were you referred to the Departments? _____

Are you authorized to work in the United States? Yes () No ()
 (documentation of authorization to work in the U.S. will be required if an offer of employment is made and accepted).

Have you ever applied here before? Yes () No () If Yes, specify date(s) _____

Give the name and relationships of any relatives or friends that work for the City of Elma and or Grays Harbor Fire District 5: _____

Is there is anything that will prevent you from performing the essential functions of the position, or positions for which you are applying with or without reasonable accommodation? (See Job Description attached) If so, explain:_____

Have you been convicted of a criminal offense within the past 7 years?

Yes () No () if yes, please explain the nature of the offense, date, court and description:

Note: Although the departments may investigate criminal convictions that relate to fitness to perform the job for which you are applying, such convictions will not necessarily bar you from employment with either department.

Are you at least 18 years of age? Yes () No ()

Employment History: Start with your current or most recent employer:

1: Employer:_____

Address:_____

Telephone Number:_____

Job Title:_____Supervisor:_____

Salary:_____

Employed from:_____to_____

Duties performed:_____

Reason for Leaving:_____

2: Employer:_____

Address:_____

Telephone Number:_____

Job Title:_____Supervisor:_____

Salary:_____

Employed from:_____to_____

Duties Performed:_____

Reason for Leaving:_____

3: Employer: _____
Address: _____
Telephone Number: _____

Job Title: _____ Supervisor: _____
Salary: _____
Employed from: _____ to _____
Duties Performed: _____

Reason for Leaving: _____
If you need additional space, please continue on a separate sheet of paper.

Have you worked under a different name for any of these employers?
Yes () No () If yes, please identify the employer and state the name: _____

Employees should note the revisions to the WAC are currently pending that would extend the time period relating to prior convictions to those occurring within the previous 10 years. Law enforcement agencies, state agencies, school districts, businesses and other organizations that have a direct responsibility for the supervision, care, or treatment of children, mentally ill persons, developmentally disabled persons or other vulnerable adults are exempt from the rule limiting inquiries regarding convictions.

EDUCATION RECORD:

Name of School	Location	Years Attended	Did You Graduate	Year Left School	Major/Degree Minor Received
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High School: _____

College: _____

College: _____

Other: _____

Other: _____

PLEASE ATTACH COPY OF HIGH SCHOOL, GED OR COLLEGE DIPLOMA TO APPLICATION.

U.S. Military Record: Have you served in the U.S. Armed Forces
Yes () No () If yes, please give the date of service:
From: _____ To: _____ Branch: _____

PERSONAL REFERENCES:

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

PROFESSIONAL REFERENCES:

NAME: _____

CONTACT PERSON: _____

ADDRESS: _____

PHONE NUMBER: _____

NAME: _____

CONTACT PERSON: _____

ADDRESS: _____

PHONE NUMBER: _____

NAME: _____

CONTACT PERSON: _____

ADDRESS: _____

PHONE NUMBER: _____

PLEASE READ CAREFULLY BEFORE SIGNING THIS APPLICATION

I authorize the City of Elma or Grays Harbor Fire District 5 (hereinafter referred to departments) to investigate all statements in this application and to secure any necessary information from all my employers, references, academic institutions. I hereby release all of those employers, references, academic institutions, and I release the fire departments from any and all liability arising from the release giving or receiving information about my employment history, my academic credentials or qualifications, and my suitability for employment with the departments. I also authorize the departments to secure financial and credit information through an appropriate agency, and I understand that, upon my written request made within a reasonable period of time, the agency providing a consumer credit report to the departments will provide me with a complete description of the nature and scope of the credit report investigation.

I understand that any offer of employment is contingent upon receipt of a satisfactory report concerning my credit, academic credentials, employment credentials, and employment references. I further understand that any false or misleading statements will be sufficient cause for rejection of my application if the departments have not employed me and for immediate dismissal if the departments have employed me. I also authorize the departments to supply information about my employment record, in whole or in part, in confidence to any prospective employer, government agency, or other party having a legal and proper interest, and I hereby release the departments from any and all liability for its providing this information.

In the event of my employment with either department, I will comply with all rules, regulations, and policies set forth in the City's or GHFD5 policy manual or the communications distributed by the either.

I understand that nothing in this employment, in the departments policy statements or personnel guidelines, or in my communications with any department official is intended to create an employment contract between the departments and me. I also understand that the departments have the right to modify its policies without giving me any advance notice of changes. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the departments unless it is made in writing and signed by the Mayor or GHFD5 Fire Commissioner's. I understand that if an employment relationship is established, I have the right to terminate my employment relationship at any time for any reason. I also understand that the departments retain the right to terminate my employment at any time for any reason.

I hereby acknowledge that I have read and understand the preceding statement.

Signature of Applicant

Date

These departments are committed to non-discrimination in employment practices. To assist, the departments requests that you provide following information which will not be used in evaluating your application. *Completion of this section is optional.*

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Sex: () Male () Female

Ethnic Origin:

- () Asian or Pacific Islander
- () American Indian or Alaskan Native
- () Black
- () White
- () Hispanic

Persons with Disability

Do you have a physical or mental impairment that substantially limits one or more major life activities?

Veteran Status

Are you a veteran? YES () NO ()

Are you a disabled veteran? YES () NO ()

Do you possess an Expeditionary Medal? YES () NO ()

Have you served during any time of declared war of the United States, or in any expedition of the armed forces? YES () NO ()

If so, please list:

Discharge date from active duty?

For Official Use Only:

Job Group: _____

AUTHORIZATION TO RELEASE INFORMATION:

TO: _____

I hereby request and authorize to furnish the City of Elma or Grays Harbor Fire District 5 with any and all information they may request concerning my work record, education history, military record, financial statues, criminal record, and general reputation. This authorization is specifically intended to include any and all information of a confidential or privileged nature as photocopies of such documents, if requested.

This information will be used for the purpose of determining my eligibility for employment with the City of Elma or Grays Harbor Fire District 5.

I hereby release you and the City of Elma and Grays Harbor Fire District 5 from any liability which may or could result from furnishing the information requested above or from any subsequent use of such information in determining my qualifications to be considered as an employee of either department.

SIGNATURE: _____

DATE: _____

Note: THIS FORM MAY BE RETAINED IN YOUR FILES.

**CANDIDATE PHYSICAL ABILITY TEST WAIVER AND RELEASE
FORM**

I, _____, residing at _____ in the city of _____, county of _____, state of _____ acknowledge that I have voluntarily applied to participate in the East Grays Harbor Fire departments physical ability test. I have had the opportunity to review, and I have reviewed, the department's physical ability test description of events.

I am aware that the physical ability test is strenuous, and I acknowledge that I am in good physical condition and have no known medical problems that would affect my ability to participate in this event. I hereby release and discharge the City of Elma and Grays Harbor Fire District 5, its officers, employees, or agents, and the departments of from all actions, claims, or demands that I and my heirs, distributes, guardians, legal representatives, or assigns now, or in the future, may have for any loss, personal injury, death, or property damage resulting from my participation in the East Grays Harbor Fire departments physical ability test. This waiver and release extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown.

Should I suffer an injury or illness, I authorize officials of the attending emergency services to use their discretion to have me medically treated and transported to a medical facility.

In signing this release, I acknowledge that I have carefully read the above waiver of liability and hold harmless agreement and fully understand its contents. I am aware that this is a release of liability and a contract between myself and the City of Elma and Grays Harbor Fire District 5. I sign it voluntarily of my own free will, and I am at least eighteen (18) years of age and fully competent.

Signature of Candidate

Date

Signature of Witness

Date

Candidate's photo ID checked and verified by: _____

