

Grays Harbor Fire District 5

P.O. Box 717
Elma, WA 98541

Phone: (360) 482-4143

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: () _____ E-mail Address: _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position(s) Applied for: Volunteer Firefighter (Support Services) Volunteer Firefighter (Suppression)
 EMS Responder Firefighter/EMT** Firefighter/Paramedic**

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this fire district? YES NO If so, when? _____

Have you ever been convicted of a felony? YES NO Have you ever been convicted of a misdemeanor? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: Diploma GED

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Qualifications

Do you have IFSAC firefighting I Certification? Yes No Do you have a any current EMS certification? Yes No
If 'yes' to either question, please list:

Do you have a valid Driver's License? Yes No State: _____ License # _____

**** Applications for Firefighter/EMT and Firefighter/Paramedic are accepted only during open application period****

Previous Employment

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application, evaluation process, or interview may result in my termination from Grays Harbor Fire District 5.

Signature: _____ Date: _____

In compliance with Federal and State Laws and Equal Employment Opportunity Guidelines, applicants are considered for employment on the basis of qualifications and demonstrated abilities without regard to race, creed, color, sex, national origin, age, marital status, medical condition, or physical characteristics

CONFIDENTIAL DISCLOSURE REPORT

Preface

The fire service is a public service which requires the utmost in public trust. As a fire service professional, you will have direct contact with the public, in a wide variety of circumstances. The citizens we serve expect all Department personnel to conduct themselves as professionals. Our citizens must be confident with the integrity of the personnel they entrust their lives and property to. The District has the responsibility to uphold these standards of expectations.

The Law

RCW 43.43.834(2) requires that Grays Harbor Fire District 5, at the time it accepts an application for the position of volunteer or career firefighter, obtain the following information from the applicant; if the applicant, when hired or accepted as a volunteer, may have unsupervised access to children under sixteen (16) years of age or developmentally disabled persons or vulnerable adults during the course of employment; or, where a volunteer may have access to groups of five (5) or fewer children under twelve (12) years of age, or three (3) or fewer children between twelve (12) and sixteen (16) years of age, or developmentally disabled persons or vulnerable adults. To comply with the statutory requirements, please provide the following information:

Definitions

A crime against children or other persons is defined by the statute as: “a...conviction of any of the following offenses: aggravated murder; first or second degree murder; first or second degree, kidnapping; first, second, or third degree assault; first, second, or rape; first, second, or third degree rape of a child; first or second degree robbery; first degree arson; first degree burglary; first or second degree manslaughter; first or second degree extortion; indecent liberties; incest; vehicular homicide; first degree promoting prostitution; communication with a minor; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree criminal mistreatment; child abuse or neglect as defined in RCW 26.44.020; first or second degree custodial interference; malicious harassment; first’ second’ or third degree child molestation; first or second degree sexual misconduct with a minor; first or second degree rape of a child; patronizing a juvenile prostitute; child abandonment; promoting pornography; selling or distributing erotic material to a minor; custodial assault; violation of child abuse restraining order; child buying or selling; prostitution; felony indecent exposure; or any of these crimes as they may be renamed in the future.”

A crime relating to financial exploitation is defined by statute as: “...conviction for first, second, or third degree extortion; first, second or third degree theft; first or second degree robbery; forgery; or any of these crimes as they may be renamed in the future.”

CONFIDENTIAL DISCLOSURE REPORT CONTINUED

1. Have you ever been convicted of any crime against children or other person?
Yes _____ No _____

2. Have you ever been convicted of any crimes relating to financial exploitation of a vulnerable adult?
Yes _____ No _____

3. Have you been found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abused any minor?
Yes _____ No _____

4. Have you been found, by a court in domestic relations proceedings under Title 26 RCW, to have sexually abused or exploited any minor or to have physically abused any minor?
Yes _____ No _____

5. Have you been found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult?
Yes _____ No _____

6. Have you been found by a court in a protection proceeding under chapter 74.24 RCW, to have abused or financially exploited a vulnerable adult?
Yes _____ No _____

If you are offered a position as a paid employee Grays Harbor Fire District 5, the Department may under RCW 43.43.832 and .834 conducts a background check to verify the answers provided above. You may request a copy of your background check no less than ten (10) days after you signed the authorization. The Department will use this information and record only to make the initial employment or acceptance decision and for no other purpose.

Dated: _____ Applicant: _____

BACKGROUND CHECK AUTHORIZATION

Grays Harbor Fire District 5 is an equal opportunity agency. It is the policy of Grays Harbor Fire District 5 not to discriminate in accordance with the requirements of all applicable state & federal laws, on the basis of race, creed, color, religion, national origin, sex, veteran status, ancestry, marital status, physical or mental handicap or age.

Date: _____

Full Legal Name: _____ Date of Birth: _____

All other names used in the past 5 years:

Mailing Address:

City: _____ State: _____ Zip: _____

Physical:

City: _____ State: _____ Zip: _____

Phone No. _____

Please list where you have resided in the past 5 years:

City and State

Dates Resided:

By my signature below I give permission to Grays Harbor Fire District 5 to conduct the required background checks including a police records check.

Comprehensive Background Check:

"I authorize Grays Harbor Fire District 5 to solicit information regarding my character, general reputation, previous employment and similar background information. I hereby release all parties and persons connected with any such request for information from all claims, liabilities and damages for any reason arising out of the furnishing of such information."

Certification of Authorization:

"By signing this authorization, I declare that the information provided by me is complete and true to the best of my Knowledge."

Signed: _____ Date: _____

DRUG TESTING CONSENT FORM

I have applied for employment or as a volunteer with Grays Harbor Fire District 5 in a position that requires me to operate Fire District Apparatus. As a condition for my application being considered, I understand and agree to undergo substance screening. I understand that if my test results are confirmed positive, I shall not be considered further by Grays Harbor Fire District #5 for employment or volunteer membership.

I hereby authorize any physician, laboratory, hospital or District personal authorized to perform testing, for screening purposes, to conduct such screening and provide the results to Grays Harbor Fire District 5, and I release Grays Harbor Fire District 5 and any person affiliated with Grays Harbor Fire District 5 and any such institution or person conducting the screening, from liability therefore.

Applicant's Signature: _____

Applicant's Name: _____ Date: _____