



## East Grays Harbor Fire and Rescue

East Grays Harbor Fire and Rescue is an Equal Opportunity Employer and does not unlawfully discriminate based on race, sex, age, color, religion, national origin, marital status, disability status, or any other basis prohibited by Federal, State or local law.

### FIREFIGHTER PARAMEDIC or PART-TIME EMT APPLICATION

Name: \_\_\_\_\_  
  First  Middle  Last

Present Address: \_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Position(s) applying for: \_\_\_\_\_

Current certifications: EMT-B  Paramedic  FF1  FF2  HAZMAT

How were you referred to the Departments? \_\_\_\_\_  
\_\_\_\_\_

Are you authorized to work in the United States? Yes  No

Are you at least 18 years of age? Yes  No

Have you ever applied here before? Yes  No  If yes, specify date(s):  
\_\_\_\_\_

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

1: Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Employed from: \_\_\_\_\_ to \_\_\_\_\_  
Duties performed: \_\_\_\_\_  
Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
May we contact this employer? Yes  No

2: Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Employed from: \_\_\_\_\_ to \_\_\_\_\_  
Duties performed: \_\_\_\_\_  
Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
May we contact this employer? Yes  No

3: Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Employed from: \_\_\_\_\_ to \_\_\_\_\_  
Duties performed: \_\_\_\_\_  
Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
May we contact this employer? Yes  No

\*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:

---

**EDUCATION RECORD:**

---

Name of School	Years Attended	Did You Graduate?	Area of Study
-------------------	-------------------	----------------------	------------------

High School: \_\_\_\_\_

College: \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

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

**Personal References:**

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Professional References:**

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

East Grays Harbor Fire and Rescue is committed to non-discrimination in employment practices. To assist, the department requests that you provide following information which will not be used in evaluating your application. Completion of this section is optional.

Sex:  Female  Male

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? Yes  No  If yes, please explain:

---

---

**Veteran Status**

Are you a veteran? Yes  No

**Dates Served:**

From: \_\_\_\_\_ To: \_\_\_\_\_

Branch: \_\_\_\_\_

**Background information**

---

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 East Grays Harbor Fire and Rescue 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**

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 East Grays Harbor Fire and Rescue to conduct the required background checks including a police records check.

**Comprehensive Background Check:**

“I authorize East Grays Harbor Fire and Rescue 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: \_\_\_\_\_

PLEASE READ CAREFULLY BEFORE SIGNING THIS APPLICATION

---

I authorize the East Grays Harbor Fire and Rescue 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 department 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 department. I also authorize the department to secure financial and credit information through an appropriate agency, and I understand that, upon my written request made within a reasonable period, 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 department have not employed me and for immediate dismissal if the department have employed me. I also authorize the department 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 department from all liability for it providing this information.

In the event of my employment with the department, I will comply with all rules, regulations, and policies set forth in the EGHFR 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 the department official is intended to create an employment contract between the department and me. I also understand that the department has 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 department unless it is made in writing and signed by the EGHFR 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 department 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



**AUTHORIZATION TO RELEASE INFORMATION**

I, \_\_\_\_\_, hereby request and authorize to furnish East Grays Harbor Fire and Rescue with all information they may request concerning my work record, education history, military record, financial status, 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 East Grays Harbor Fire and Rescue

I hereby release you and the East Grays Harbor Fire and Rescue 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 the department.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Note: THIS FORM MAY BE RETAINED IN YOUR FILES.

**DRUG TESTING AUTHORIZATION**

I have applied for employment with East Grays Harbor Fire and Rescue 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 East Grays Harbor Fire and Rescue for employment.

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 East Grays Harbor Fire and Rescue, and I release East Grays Harbor Fire and Rescue and any person affiliated with East Grays Harbor Fire and Rescue and any such institution or person conducting the screening, from liability therefore.

Applicant's Signature: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_