



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) 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 department 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 the 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: \_\_\_\_\_  
Employed from: \_\_\_\_\_ to \_\_\_\_\_  
Duties performed: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

2: Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Employed from: \_\_\_\_\_ to \_\_\_\_\_  
Duties performed: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

3: Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 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:

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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:**

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Name of School	Years Attended	Did You Graduate?	Area of Study
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High School: \_\_\_\_\_

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

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

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

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

**Personal References:**

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

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

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

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

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

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

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

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

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

**Professional References:**

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

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

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

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

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

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

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

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

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

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

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

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

PLEASE READ CAREFULLY BEFORE SIGNING THIS APPLICATION

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I authorize 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 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 departments.

I understand that any offer of employment is contingent upon receipt of a satisfactory report concerning my 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 departments 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 any and 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 East Grays Harbor Fire and Rescue policy manual or the communications distributed by the either.

I understand that nothing in this employment, in the department policy statements or personnel guidelines, or in my communications with any department official is intended to create an employment contract between the department and me. I also understand that the department 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 department unless it is made in writing and signed by the East Grays Harbor Fire and Rescue 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.

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Signature of Applicant

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Date

This department 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

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**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:

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**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:

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**Dates Served:**

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

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

AUTHORIZATION TO RELEASE INFORMATION:

I, \_\_\_\_\_, hereby request and authorize to furnish the East Grays Harbor Fire and Rescue 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 East Grays Harbor Fire and Rescue.

I hereby release you and 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.

**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 department 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 East Grays Harbor Fire and Rescue, 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 department 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 East Grays Harbor Fire and Rescue. 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 Department Witness

\_\_\_\_\_  
Date

Candidate's photo ID checked and verified by: \_\_\_\_\_