



CENTRAL PIERCE FIRE & RESCUE EMPLOYMENT APPLICATION

POSITION APPLYING FOR: **FIREFIGHTER-EMT**

INSTRUCTIONS: Application must be completely filled out. Print or type an answer to every question. If a question does not apply to you, print or type "N/A". If the space provided is not sufficient, use a separate sheet preceding each answer with the question number. **DO NOT OMIT OR INCORRECTLY STATE MATERIAL FACTS.** The statements made on this application are subject to verification.

1. NAME **SOCIAL SECURITY # (Last 4 digits only)**

Last First Middle

DRIVERS LICENSE NUMBER

NICKNAMES AND/OR OTHER NAMES USED BY APPLICANT

Home Phone: _____

Cell Phone: _____

2. PRESENT ADDRESS

CITY, STATE, ZIP CODE

HOW LONG?

List Previous Addresses (within last five (5) years)

E-mail Address: _____

**3. LIST THREE (3) REFERENCES
(other than relatives)**

ADDRESS

DAY TIME PHONE

4. HAVE YOU BEEN CONVICTED OF A FELONY OR MISDEAMEANOR WITHIN THE LAST SEVEN (7) YEARS?

_____ **YES** _____ **NO**

IF YES, LIST DATE, PLACE AND DETAILS OF EACH INCIDENT. (A conviction record will not necessarily disqualify you from employment).

Date City and State Details - Charge and Disposition

5. DO YOU HAVE TRAFFIC INFRACTIONS (other than parking tickets) ON YOUR DRIVING RECORD WITHIN THE LAST FIVE (5) YEARS?

___ YES ___ NO If yes, please list details below.

Date City and State Infraction and Disposition

EMPLOYMENT HISTORY
6. **BEGIN WITH YOUR MOST RECENT JOB.** LIST YOUR COMPLETE WORK HISTORY FOR THE PAST FIVE (5) YEARS, INCLUDING PART-TIME, TEMPORARY OR SEASONAL EMPLOYMENT. ALSO INCLUDE ALL PERIODS OF UNEMPLOYMENT, SCHOOLING, OR MILITARY SERVICE. THE COMPLETE ADDRESS AND PHONE NUMBER OF THE EMPLOYER MUST BE PROVIDED. MAY WE CONTACT YOUR PRESENT EMPLOYER? _____

From: _____	Name of Employer _____	Address of Employer _____
To: _____	_____	_____
Job Title _____	Name of Supervisor _____	Name of Co-Worker _____
Phone _____	Description of Duties: _____	
Salary: _____	Why did you leave? _____	

From: _____	Name of Employer _____	Address of Employer _____
To: _____	_____	_____
Job Title _____	Name of Supervisor _____	Name of Co-Worker _____
Phone _____	Description of Duties: _____	
Salary: _____	Why did you leave? _____	

From: _____	Name of Employer _____	Address of Employer _____
To: _____	_____	_____
Job Title _____	Name of Supervisor _____	Name of Co-Worker _____
Phone _____	Description of Duties: _____	
Salary: _____	Why did you leave? _____	

EDUCATION

7. HIGH SCHOOL GRADUATE OR GED EQUIVALENT? _____ YES _____ NO
(Please attach copy of diploma, certificate or transcript)

HIGHER EDUCATION: LIST ALL COLLEGES OR UNIVERSITIES ATTENDED. (Please attach copy of transcript)

Name	Location	Dates Attended	Years Completed	Graduated

MILITARY SERVICE

8. HAVE YOU SERVED IN THE MILITARY SERVICE OF THE UNITED STATES? _____ YES _____ NO
IF YES, LIST BRANCH OF SERVICE, DATES, AND JOB-RELATED TRAINING AND/OR EXPERIENCE GAINED.

Branch of Service	Dates	Training/Experience

ADDITIONAL INFORMATION AND REMARKS

9. ARE THERE ANY INCIDENTS IN YOUR LIFE NOT MENTIONED HEREIN WHICH MAY ADVERSELY REFLECT UPON YOUR SUITABILITY TO PERFORM THE DUTIES WHICH YOU MAY BE CALLED UPON TO PERFORM, OR WHICH MIGHT REQUIRE FURTHER EXPLANATION? IF YES, PLEASE GIVE DETAILS: _____

10. HAVE YOU EVER BEEN REJECTED FOR A POSITION WITH ANY OTHER FIRE DEPARTMENT OR LAW ENFORCEMENT AGENCY?

_____ YES _____ NO

IF YES, PLEASE GIVE DETAILS: _____

EMERGENCY CONTACT INFORMATION

NAME: _____ RELATIONSHIP: _____
ADDRESS: _____ PHONE: _____

HOW DID YOU LEARN OF POSITION OPENING? _____

Are you claiming Veterans Preference? ____ Yes ____ No If so, you must attach a copy of your DD214 to this application. Veterans will be accorded a credit as provided by RCW 41.04.010. In order to be eligible, you must be a veteran as defined in RCW 41.04.005, and claim preference within fifteen (15) years of the date of release from active service.

DECLARATION: I certify that there are no mis-representations, omissions or falsifications in the foregoing statements and answers, and that the above entries made by me are true, complete and correct to the best of my knowledge and belief and are made in good faith.

I further agree and consent in advance to being summarily discharged without cause or hearing if any of the above information contains any mis-representations, falsifications or if any material information has been omitted.

Signature of Applicant

Date

- * **Don't forgot your \$20 application filing fee**
- * **Include proof of your CPAT**
- * **Include proof of EMT certification or EMT class completion**

**CENTRAL PIERCE FIRE & RESCUE
IS AN EQUAL OPPORTUNITY EMPLOYER
www.centralpiercefirerescue.org**