



# EMPLOYMENT APPLICATION

**CHELAN COUNTY FIRE DISTRICT 7**  
**CHELAN FIRE AND RESCUE**  
**232 EAST WAPATO AVENUE**  
**CHELAN, WA 98816**  
**Phone 509-682-4476 Fax 509-682-3297**  
**www.chelan7.com**

*Return completed applications to:*

**Chelan Fire and Rescue**  
**232 East Wapato Ave**  
**Chelan, WA 98816**  
Monday – Friday  
8am – 4pm

**INSTRUCTIONS:** Please answer all questions on this application completely and accurately. All statements are subject to verification. Incorrect statements could result in rejection or termination. A resume may be submitted but **NOT** substituted for this application. Please print clearly in dark ink or type.

Social Security #		Last Name		First Name		MI
Physical Address				Mailing Address		
City	State	Zip	Home Phone ( )	Work Phone ( )	Cell Phone ( )	

Have you volunteered for other organizations: NO YES \_\_\_\_\_  
Are you either a citizen of the United States or an alien authorized to work in the United States? YES NO  
(Employment is subject to verification of your legal right to work in the U.S.)

Washington Drivers License #:	Expiration Date:	Can you provide proof of Insurance: YES NO
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Have you ever been convicted of a misdemeanor or felony, including traffic violations? YES NO  
If YES, please give details including type of offense, sentence, and dates on a separate sheet of paper.

(A conviction will not necessarily be a bar to employment/volunteering. Facts such as age and time of the offense, seriousness and nature of the violation and rehabilitation will be taken into account.)

## OFFICE USE ONLY

App. Received:	Letter Sent:
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Oral Interview:	Date:
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Physical Agility:	Date: Pass Fail
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Background Check: Driver History Check:
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Start Date:
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Email address:
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## REFERENCES:

Name	Company & Title	Relationship to you	Phone #	Alternate #
1.				
2.				
3.				

Give a complete account of your employment. Begin on the first line with your present or most recent position and work back.  
**Last 5 years of employment only.** (Please attach an additional sheet if necessary and include all periods of unemployment.)

**EMPLOYMENT RECORD: DO NOT indicate “see resume”.**

MONTH / YEAR STARTED	<u>NAME, ADDRESS, PHONE, OF EMPLOYER</u>	POSITION/DUTIES	REASON FOR LEAVING
MONTH / YEAR ENDED			SUPERVISOR'S NAME & TITLE
WHAT DID YOU LIKE ABOUT THIS JOB?		WHAT DID YOU DISLIKE ABOUT THIS JOB?	

MONTH / YEAR STARTED	<u>NAME, ADDRESS, PHONE, OF EMPLOYER</u>	POSITION/DUTIES	REASON FOR LEAVING
MONTH / YEAR ENDED			SUPERVISOR'S NAME & TITLE
WHAT DID YOU LIKE ABOUT THIS JOB?		WHAT DID YOU DISLIKE ABOUT THIS JOB?	

MONTH / YEAR STARTED	<u>NAME, ADDRESS, PHONE, OF EMPLOYER</u>	POSITION/DUTIES	REASON FOR LEAVING
MONTH / YEAR ENDED			SUPERVISOR'S NAME & TITLE
WHAT DID YOU LIKE ABOUT THIS JOB?		WHAT DID YOU DISLIKE ABOUT THIS JOB?	

**EDUCATION AND TRAINING :** (Pursuant to State law, use of a false or misleading degree is prohibited.)

	School Name City and State	# Years Attended	Did You Graduate?	Major Subjects, Special Courses Degrees
HIGH SCHOOL				
COLLEGE / UNIVERSITY				
GRADUATE SCHOOL				
OTHER EDUCATION				
LICENSES & CERTIFICATIONS:				
OTHER SKILLS:				

List any skills, including Fire or Medical experience that might be of benefit to the Fire Department: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MEDICAL HISTORY:**

Do you have any physical condition which may limit your ability to perform the duties of the position for which you've applied? **YES** **NO**  
If YES, please explain: \_\_\_\_\_  
\_\_\_\_\_

Any medication allergies? **YES** **NO** | **If yes, please list:**

**PERSONS TO NOTIFY IN CASE OF EMERGENCY:**

PERSONS TO NOTIFY IN CASE OF EMERGENCY:			Relationship to you
Name	Address	Phone	
Name	Address	Phone	

## **CERTIFICATE OF APPLICANT (Read carefully before signing.)**

I certify that all information given on this application is true, correct, and complete. I have not withheld any fact or circumstance which is covered by this application.

I understand that any false, misleading, or incomplete information on this application will result in rejection of my application or termination of my employment whenever discovered.

If I am considered for employment/volunteer, I authorize any inquiry to be made about any information contained in this application. I agree to furnish additional information as may be requested; and I authorize Chelan County Fire District 7 and agencies or companies by choice of Chelan County Fire District 7 to investigate all information on this application. I release other parties from any claims, liabilities and damages resulting from obtaining or furnishing such information.

I understand that before or after receiving any offer of employment or to volunteer, I may be asked to submit to testing for the current illegal use of drugs by a firm that is chosen and paid for by CCFD 7. I understand that the reason for such testing is that CCFD 7 endeavors to operate its business in a safe manner for all employees, volunteers, customers, residents, visitors and/or guests. The results of such testing will be communicated to CCFD 7 or its agents. If I refuse to be tested or if I produce a positive test result for the current illegal use of drugs, I understand that I will not be considered for employment or volunteering.

If I am employed or volunteer, I understand that I will be asked to sign a Federal I-9 form and provide positive proof of my identity and verification of my right to live and work and volunteer in the U.S.A.

If employed or volunteer, I agree to abide by Chelan County Fire District 7 rules, procedures, and policies as modified from time to time, including any drug-free workplace policies. I understand that if I am employed or volunteer, such employment/volunteering will be for an indefinite period and can be terminated at any time by CCFD 7 or myself, without notice and/or without cause.

I understand that this is an application only and that it does not constitute an offer of volunteering/employment or an employment contract. As the Applicant named above, I authorize CCFD 7 and/or its agents to:

1. Obtain verification of information provided by me in this employment/volunteer application in any supplemental questionnaire, exhibit, resume, or biographical sheets exhibited by Applicant.
2. Obtain information regarding work habits, skills and conduct from my past and present employers, as well as, listed or developed references or institutions.
3. Obtain information from law enforcement and other governmental agencies, military authorities, and private companies concerning my conduct, including traffic and criminal violations.
4. Obtain information from education institutions concerning my education records, conduct, and skills.

The information obtained will in no way be used in violation of any federal or state equal employment opportunity law or regulation. I further authorize all institutions, agencies, companies, or persons referred to above, to give Chelan County Fire District 7 and/or its agents all information requested. I release CCFD 7, its agents, and all other parties from any claims liabilities, and damages resulting from obtaining or furnishing information.

***A copy of this authorization and release shall be as valid as the original.***

**APPLICANT'S SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**DRIVERS LICENSE # & STATE:** \_\_\_\_\_

**SOCIAL SECURITY #:** \_\_\_\_\_