



VASHON ISLAND FIRE & RESCUE

Master Application

PO Box 1150
 Vashon Island, WA 98070
 (206) 463-2405 Fax: (206) 463-6494

please type or print in ink

| | |
|------------------------------|--------------|
| Position Applied For: | Date: |
|------------------------------|--------------|

| | |
|--|---|
| Application Type: | |
| <input type="checkbox"/> Volunteer Firefighter | <input type="checkbox"/> Resident Firefighter |
| <input type="checkbox"/> Volunteer Support Personnel | <input type="checkbox"/> Explorer |
| <input type="checkbox"/> Volunteer Emergency Medical | <input type="checkbox"/> Other |

| | | |
|--|------------|----------------|
| Personal Data: | | |
| Name (Last, First, Initial) | | |
| Street Address | City | State/Zip Code |
| Mailing Address (if different) | City | State/Zip Code |
| Driver's License No. and State | Home Phone | Day Phone |
| Email: | | |
| Have you ever been convicted of a misdemeanor or felony crime? (Conviction is not an automatic bar to employment) | | |
| <input type="checkbox"/> Yes. If yes, please explain date, charge, place and action taken. Use back page if necessary. | | |
| <input type="checkbox"/> No. | | |

| Education: | | | |
|--|-----------------|-------------------|------------------------|
| School Name & Location (attach additional sheet if more space is needed) | Number of Years | Did You Graduate? | Course of Study/Degree |
| High School | | | |
| College | | | |
| Other | | | |
| List Licenses, Certificates or Registrations: | Where Issued | Issue Date | Expiration Date |
| | | | |

Employment and/or Volunteer History: Start with current/last position held. Attach additional pages if necessary.

| | | |
|-----------------------|--|---|
| Company Name: | Telephone No. | Employed (Mo/Yr) From: _____ To: _____ |
| Company Address: | Okay to Contact <input type="checkbox"/> Yes <input type="checkbox"/> No | Reason For Leaving? |
| | Your Title: | Monthly Salary: |
| Specific Duties: | | |
| | | |
| | | |
| | | No. of Employees Supervised: |
| Immediate Supervisor: | | |

| | | |
|-----------------------|--|---|
| Company Name: | Telephone No. | Employed (Mo/Yr) From: _____ To: _____ |
| Company Address: | Okay to Contact <input type="checkbox"/> Yes <input type="checkbox"/> No | Reason For Leaving? |
| | Your Title: | Monthly Salary: |
| Specific Duties: | | |
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| | | No. of Employees Supervised: |
| Immediate Supervisor: | | |

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|-----------------------|--|---|
| Company Name: | Telephone No. | Employed (Mo/Yr) From: _____ To: _____ |
| Company Address: | Okay to Contact <input type="checkbox"/> Yes <input type="checkbox"/> No | Reason For Leaving? |
| | Your Title: | Monthly Salary: |
| Specific Duties: | | |
| | | |
| | | |
| | | No. of Employees Supervised: |
| Immediate Supervisor: | | |

Special Skill:

If you have other skills obtained through hobbies, volunteer work, etc., relevant to the position for which you are applying, please describe:

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Special Equipment

List machines/equipment that you can operate which are necessary or useful to this position.

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Languages:

List any languages other than English that you speak fluently.

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References

| Name | Address | Phone |
|------|---------|-------|
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I hereby declare the information provided by me in this Application is true, correct, and complete to the best of my knowledge. I understand that I if am selected to be a member, any mis-statement or omission of fact on this Application shall be considered cause for dismissal. I authorize investigation of all statements in this Application.

I authorize all previous employers to furnish employing agency my record, reason for leaving, and all information they may have concerning me and I hereby release them and the employing agency from all liability or any damage whatsoever arising therefrom.

Name _____ Date _____

