



VASHON ISLAND FIRE & RESCUE

PO Box 1150
 Vashon, WA 98070
 206 463-2405 Fax 206 463-2954

Please type or print in ink

Position Applied For:	Date:
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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
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?
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		No. of Employees Supervised:
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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:

Special Equipment

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

Languages:

List any languages other than English that you speak fluently.

References

Name	Address	Phone
Name	Address	Phone
Name	Address	Phone

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 _____

