



VASHON ISLAND FIRE & RESCUE

PO Box 1150
 Vashon, WA 98070
 206 463-4466 Fax 206 463-4467

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 |
| Email: | | |
| Driver's License No. and State | Home Phone | Day Phone |
| Have you ever been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or a sentence deferred or suspended as an adult or juvenile, in Washington or another state or jurisdiction? (A criminal history may not automatically bar you from acceptance, but failure to disclose could result in denial.) If yes, please explain on back. <input type="checkbox"/> No <input type="checkbox"/> Yes | | |

| 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 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 |
| | | |
| 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 _____

