



MEMBER APPLICATION

YAKIMA COUNTY FIRE DISTRICT 12
WEST VALLEY FIRE~RESCUE
10000 ZIER ROAD
YAKIMA, WA 98908
Phone 509-966-3111 Fax 509-966-4939

Name: _____ Date: _____

Position Applying For: On-Call Firefighter Support Services / Rehab
 Cadet Firefighter Other _____

How did you hear about us:

Referred by:

Please fill out the attached application in its entirety and return to the above address with the following attachments:

- Photo copy of your Washington State Driver's License Copy of Washington State Driver Record (www.dol.wa.gov)
- Photo copy of your Vehicle Liability Insurance card Resume and letters of reference (optional)
- Photo copy of your High School Diploma or GED Photo copy of all relevant certifications

Are you 18 years or older? Yes No Have you ever been employed by us before? Yes No If yes, give dates: _____

Parent / Guardian Authorization: All Applicants under 18 years of age **MUST** fill out this section:

I, _____ (parent/guardian) hereby give permission for my son / daughter, _____ (applicant's name) to participate in authorized activities with the West Valley Fire Department. I understand that duties and training will only be conducted under the supervision of qualified Department personnel.

Signature of Parent/Guardian _____ Date _____

Signature of Applicant _____ Date _____

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	Cell Phone		Work Phone		Message Phone	
			()	()	()	()	()	()

Email Address	What is the best method to contact you about our process: <input type="checkbox"/> Email <input type="checkbox"/> USPS—Mail
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Are you either a citizen of the United States or an alien authorized to work in the United States? (Employment is subject to verification of your legal right to work in the U.S.)	YES NO
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Washington Drivers License #:	Expiration Date	Endorsements
Can you provide proof of Vehicle Liability Insurance? (Please attach)		YES NO
Have you had any traffic infraction or moving violations in the past 10 years? If YES , please list details including type of offense and dates: _____		YES NO
Have you ever been convicted of a misdemeanor or felony? If YES , please give details including type of offense, sentence, and dates: _____		YES NO
(A conviction will not necessarily be a bar to employment. Facts such as age and time of the offense, seriousness and nature of the violation and rehabilitation will be taken into account.)		

EMPLOYMENT RECORD

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.)
Resumes may be attached but will not be accepted as a substitute for completing this section.

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 OR DISLIKE ABOUT THIS JOB?		REASON FOR LEAVING THIS POSITION:	

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 OR DISLIKE ABOUT THIS JOB?		REASON FOR LEAVING THIS POSITION:	

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 OR DISLIKE ABOUT THIS JOB?		REASON FOR LEAVING THIS POSITION:	

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

	School Name City and State	# Years Attended	Year Graduated?	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 _____

REFERENCES:

Name	Company & Title	Relationship to you	Phone #	Alternate #

CERTIFICATE OF APPLICANT

(Read carefully before initialing each bullet and signing below)

_____ 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, 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 Yakima County Fire District 12 and agencies or companies by choice of Yakima County Fire District 12 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 after receiving an offer of employment, I will be asked to submit to testing for the current illegal use of drugs by a firm that is chosen and paid for by YCFD 12. I understand that the reason for such testing is that YCFD 12 endeavors to operate its business in a safe manner for all members, customers, residents, visitors and/or guests. The results of such testing will be communicated to YCFD 12 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 no longer be considered for employment.

_____ I understand that after receiving an offer of employment, I will be asked to submit to a pre-employment physical by a firm that is chosen and paid for by YCFD 12. If I refuse I understand I will no longer be considered for employment.

_____ If I am employed, 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 in the U.S.A.

_____ If employed, I agree to abide by Yakima County Fire District 12 rules, procedures, and policies as modified from time to time, including any drug-free workplace policies. I understand that if I am employed, such employment will be for an indefinite period and can be terminated at any time by YCFD 12 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 employment or an employment contract. As the Applicant named above, I authorize YCFD 12 and/or its agents to:

1. Obtain verification of information provided by me in this employment 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 all records, conduct, and skills.
5. Obtain a consumer credit report in conjunction with my application for employment.

APPLICANT'S SIGNATURE: _____ **DATE:** _____

DRIVERS LICENSE # & STATE: _____ **SOCIAL SECURITY #:** _____

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

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 institution, agencies, companies, or persons referred to above, to give Yakima County Fire District 12 and/or its agents all information requested. I release YCFD 12, its agents, and all other parties from any claims liabilities, and damages resulting from obtaining or furnishing information.



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Tell us about yourself:

Why would you be a good fit within our Department? What are your personal goals for joining our team?

What other community volunteer service work have you done? Explain your responsibility and position:

Yakima County Fire District 12 is an equal opportunity employer and shall not discriminate against an employee or applicant for employment because of race, color, religion, sex, age, marital status, national origin, or physical disability unless based upon a bona fide occupational qualification. If you believe that you have been discriminated against, you should notify the District's human resource manager immediately.