**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: Click or tap here to enter text. Date: Click or tap here to enter text.

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| Position Applying For: ❏ On-Call Firefighter ❏ Support Services / Rehab ❏ Cadet Firefighter  |

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

❏ Photocopy of your Washington State Driver’s License ❏ Copy of Washington State Driver Record (www.dol.wa.gov)

❏ Photocopy of your Vehicle Liability Insurance card ❏ Resume and letters of reference (optional)

❏ Photocopy of your High School Diploma or GED ❏ Photocopy 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: Click or tap here to enter text.

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

I, Click or tap here to enter text. (parent/guardian) hereby give permission for my son / daughter, Click or tap here to enter text. (applicants 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: Click or tap here to enter text. Date: Click or tap here to enter text.

Signature of Applicant Click or tap here to enter text. Date: Click or tap here to enter text.

**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 is **NOT** a substitution for this application. Please print clearly in blue/ black ink or type.

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| Social Security Click or tap here to enter text. |  Last Name Click or tap here to enter text.  |  First Name Click or tap here to enter text. |  MI Click or tap here to enter text. |
|  Physical AddressClick or tap here to enter text. |  Mailing AddressClick or tap here to enter text. |
|  CityClick or tap here to enter text. |  StateClick or tap here to enter text. |  Zip Click or tap here to enter text.  |  Cell PhoneClick or tap here to enter text. |  Work PhoneClick or tap here to enter text. |  Message PhoneClick or tap here to enter text. |
|  Email Address  Click or tap here to enter text.  |  What is the best method to contact you about our process:   Email  USPS—Mail  |
| 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.)  |

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| Washington Driver’s License #:Click or tap here to enter text. | Expiration Date:Click or tap here to enter text. | Endorsements:Click or tap here to enter text. |
| Can you provide proof of Vehicle Liability Insurance? (Please attach) ❏ **YES ❏ NO**Have you had any traffic infraction or moving vehicle violations in the past 10 years? ❏ **YES ❏ NO**If YES, please list details including type of offense and dates:Click or tap here to enter text.Have you ever been convicted of a misdemeanor or felony? ❏ **YES ❏ NO**If YES, please give details including type of offense, sentence and dates:Click or tap here to enter text.(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**

Please give a complete account of your employment. Begin on the first line with your current or most recent position and work backwards in reverse chronological order. Feel free to attach an additional work history if necessary and include all periods of unemployment for the **LAST 5 YEARS OF EMPLOYMENT ONLY.**

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

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|  MONTH / YEAR  STARTED Click or tap here to enter text. |  NAME, ADDRESS, PHONE OF EMPLOYER  Click or tap here to enter text.  |  POSITION/DUTIESClick or tap here to enter text. |  REASON FOR LEAVING *Click or tap here to enter text.* |
|  MONTH / YEAR ENDED Click or tap here to enter text. |   |  |  SUPERVISOR’S NAME & TITLE Click or tap here to enter text. |
|  WHAT DID YOU LIKE OR DISLIKE ABOUT THIS JOB?  Click or tap here to enter text.   |  REASON FOR LEAVING THIS POSITION:Click or tap here to enter text. |
|  MONTH / YEAR  STARTED Click or tap here to enter text. |  NAME, ADDRESS, PHONE OF EMPLOYER  Click or tap here to enter text.  |  POSITION/DUTIESClick or tap here to enter text. |  REASON FOR LEAVING *Click or tap here to enter text.* |
|  MONTH / YEAR ENDED Click or tap here to enter text. |   |  |  SUPERVISOR’S NAME & TITLE Click or tap here to enter text. |
|  WHAT DID YOU LIKE OR DISLIKE ABOUT THIS JOB?  Click or tap here to enter text.   |  REASON FOR LEAVING THIS POSITION:Click or tap here to enter text. |
|  MONTH / YEAR  STARTED Click or tap here to enter text. |  NAME, ADDRESS, PHONE OF EMPLOYER  Click or tap here to enter text.  |  POSITION/DUTIESClick or tap here to enter text. |  REASON FOR LEAVING *Click or tap here to enter text.* |
|  MONTH / YEAR ENDED Click or tap here to enter text. |   |  |  SUPERVISOR’S NAME & TITLE Click or tap here to enter text. |
|  WHAT DID YOU LIKE OR DISLIKE ABOUT THIS JOB?  Click or tap here to enter text.  |  REASON FOR LEAVING THIS POSITION:Click or tap here to enter text. |

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

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|    |  School Name  City and State  |  # Years  Attended  |  Year  Graduated?  |  Major Subjects, Special Courses  Degrees  |
| HIGH SCHOOL |  Click or tap here to enter text. |  Click or tap here to enter text. |  Click or tap here to enter text. |  Click or tap here to enter text. |
| COLLEGE /UNIVERSITY |  Click or tap here to enter text. |  Click or tap here to enter text. |  Click or tap here to enter text. |  Click or tap here to enter text. |
| GRADUATE SCHOOL |  Click or tap here to enter text. |  Click or tap here to enter text. |  Click or tap here to enter text. |  Click or tap here to enter text. |
| OTHEREDUCATION |  Click or tap here to enter text. |  Click or tap here to enter text. |  Click or tap here to enter text. |  Click or tap here to enter text. |
| LICENSES & CERTIFICATIONS:   Click or tap here to enter text.List any skills or specialty training, including Fire or Medical experience, that might be beneficial to the position you are applying for:Click or tap here to enter text.  |

**REFERENCES**

|  |  |  |  |
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| **Name** | **Company & Title** | **Relationship to you** | **Phone #** |
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## CERTIFICATE OF APPLICANT

### (Read carefully, initial where prompted and please sign 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 me to me, 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 on all records, conduct, and skills.
5. Obtain a consumer credit report in conjunction with my application for employment.

***APPLICANT’S SIGNATURE:*** Click or tap here to enter text. ***DATE:*** Click or tap here to enter text.

**DRIVER’S LICENSE NUMBER** **& STATE:** Click or tap here to enter text. **SOCIAL SECURITY #:**  Click or tap here to enter text.

***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 institutions, 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.



**YAKIMA COUNTY FIRE DISTRICT 12**

**WEST VALLEY FIRE~RESCUE**

**10000 ZIER ROAD**

**YAKIMA, WA 98908**

**Phone 509-966-3111 Fax 509-966-4939**

**Tell us about yourself:**

Click or tap here to enter text.

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

Click or tap here to enter text.

**What other community volunteer service work have you done? Please explain your responsibilities and position:**

Click or tap here to enter text.

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| 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.  |