

South Whidbey Fire / EMS



Proudly Serving Since 1950

5579 Bayview Rd
Langley, WA 98260

Telephone: (360) 321-1533
Fax: (360) 321-9385

Employment Application (Attach Resume if Necessary)

PERSONAL

Date: _____

Name: _____
(Include all legal names used)

Physical Address: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

EDUCATION

High school, trade, college business or correspondence schools attended.

Name and location of high school: _____.

Did you graduate: Yes ____ No ____ If you did not graduate, do you have a GED: Yes ____ No ____

If yes, please provide the date: _____

Name and location of college, trade school, etc: _____.

Field of Study: _____ Did you graduate: Yes ____ No ____

Name and location of college, trade school, etc: _____.

Field of Study: _____ Did you graduate: Yes ____ No ____

Name and location of college, trade school, etc: _____.

Field of Study: _____ Did you graduate: Yes ____ No ____

WORK EXPERIENCE

List 5 years of work experience (use additional paper if needed)

Employer: _____ Phone Number: _____

Dates (to/from): _____ Supervisor: _____

Position(s) Held: _____

Reason for Leaving: _____

Employer: _____ Phone Number: _____

Dates (to/from): _____ Supervisor: _____

Position(s) Held: _____

Reason for Leaving: _____

Employer: _____ Phone Number: _____

Dates (to/from): _____ Supervisor: _____

Position(s) Held: _____

Reason for Leaving: _____

REFERENCES

Contact information for 3 references not related to you

Name: _____ Phone Number: _____

Address: _____ Years Known: _____

Name: _____ Phone Number: _____

Address: _____ Years Known: _____

Name: _____ Phone Number: _____

Address: _____ Years Known: _____

PERSONAL STATEMENTS

Why are you interested in this position? _____

Do you have any physical limitations or health concerns that may preclude you from performing the duties of the position? Yes _____ No _____

If yes, please explain: _____

How did you hear about this position? _____

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING THIS APPLICATION

I certify the information I have provided is true, correct and complete to the best of my knowledge. I certify that I have not and will not withhold any information that would unfavorably affect my application for this position. I understand the information contained in this application will be verified by South Whidbey Fire / EMS. I understand any misrepresentations or omissions may subject me to disqualification as an applicant for this position, or terminate my position as an employee.

I further understand this is an application only and does not commit South Whidbey fire / EMS in any way to accept me as an employee.

Signature of Applicant

Date

Confidential Disclosure Report

RCW 43.43.834(2) requires South Whidbey Fire / EMS, at the time it accepts an application for the position of volunteer or paid firefighter, to obtain the following information from the applicant if the applicant, when hired, may have unsupervised access to children under sixteen (16) years of age or developmentally disable persons or vulnerable adults during the course of employment or where a volunteer may have access to groups of five (5) or fewer children under the age, or developmentally disable person or vulnerable adults. To comply with the statutory requirements, please provide the following information under oath:

Have you been convicted of any crime against children or other persons?

Yes No

Have you been convicted of crimes relating to financial exploitation of a vulnerable adult?

Yes No

Have you been found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abused any minor?

Yes No

Have you been found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor?

Yes No

Have you been found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disable person or to have abused or financially exploited any vulnerable adult?

Yes No

SIGN AND DATE IN FRONT OF A NOTARY

Date: _____

Applicant: _____

STATE OF WASHINGTON

ACKNOWLEDGEMENT

County of _____

OF INDIVIDUAL

I certify that that I have satisfactory evidence that _____ is the person who appeared before me, and said person acknowledged that he/she signed this instrument and acknowledged it to be his/her free and voluntary act for the uses and purpose mention in the instrument.

Date: _____

Notary Public in and for the State of Washington,
Residing in _____

❖ See reverse side for an explanation

My appointment expires _____

A crime against children or other persons is defined by the statute as:

“... a conviction of any of the following offenses: Aggravated murder; first or second degree murder; first or second degree kidnapping; first, second, or third degree assault; first, second, or third degree rape; first, second, or third degree rape of a child; first or second degree robbery; first degree arson; first degree burglary; first or second degree manslaughter; first or second degree extortion; indecent liberties; incest; vehicular homicide; first degree promoting prostitution; communication with a minor; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree criminal mistreatment; child abuse or neglect as defined in RCW 26.44.020; first or second degree custodial interference; malicious harassment; first, second, or third degree child molestation; first or second degree sexual misconduct with a minor; first or second degree rape of a child; patronizing a juvenile prostitute; child abandonment; promoting pornography; selling or distributing erotic material to a minor; custodial assault; violation of child abuse restraining order; child buying or selling; prostitution; felony indecent exposure; or any of these crimes as they may be renamed in the future”.

A crime relating to financial exploitation is defined by statute as:

“... conviction for first, second, or third degree extortion; first, second or third degree theft; first or second degree robbery; forgery; or any of these crimes as they may be renamed in the future.”

If you are offered a position as a paid employee or volunteer with the district, the district may under RCW 43.43.832 and .834 submit an inquiry to the Washington State Patrol to conduct a records check to verify the answers provided on the reverse side. You will be notified within ten (10) days after a response is received from the State Patrol of the nature of the response and be provided a copy of the response at your request. The District will use this information and record only to make the initial employment decision and for no other purposes.

****ALL FIELDS REQUIRED, SIGN & DATE IN BOTH FIELDS, PRINT LEGIBLY****

(1) ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of DISCLOSURE REGARDING BACKGROUND INVESTIGATION (see below) and certify I have read and understand these documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by South Whidbey Fire/EMS at any time after receipt of this authorization and throughout my employment/volunteer service, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **Background Screeners of America, 18344 Oxnard Street, Suite 101, Tarzana, CA 91356; Tel. #877.251.5656; www.backgroundscreenersofamerica.com** and/or South Whidbey Fire/EMS. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

BACKGROUND INFORMATION

Last Name: _____ First: _____ Middle: _____

Other Names/Alias: _____

Social Security* #: _____ Date of Birth*: _____

(*This information will be used for background screening purposes only and will not be used as hiring criteria)

Driver's License #: _____ State of Driver's License*: _____

Present Address: _____

City/State/Zip: _____

E-mail: _____ Phone Number: _____

Signature: _____ Date: _____

(2) DISCLOSURE REGARDING BACKGROUND INVESTIGATION

South Whidbey Fire/EMS may obtain information about you from a third party consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you and to request a copy of your report. These searches will be conducted by **Background Screeners of America, 18344 Oxnard Street, Suite 101, Tarzana, CA 91356; Tel. # 877.251.5656; www.backgroundscreenersofamerica.com**. The scope of this disclosure allows South Whidbey Fire/EMS to obtain consumer reports now and throughout the course of your employment/volunteer service, to the extent permitted by law.

Signature: _____ Date: _____

****ALL FIELDS REQUIRED, SIGN & DATE IN BOTH FIELDS, PRINT LEGIBLY****

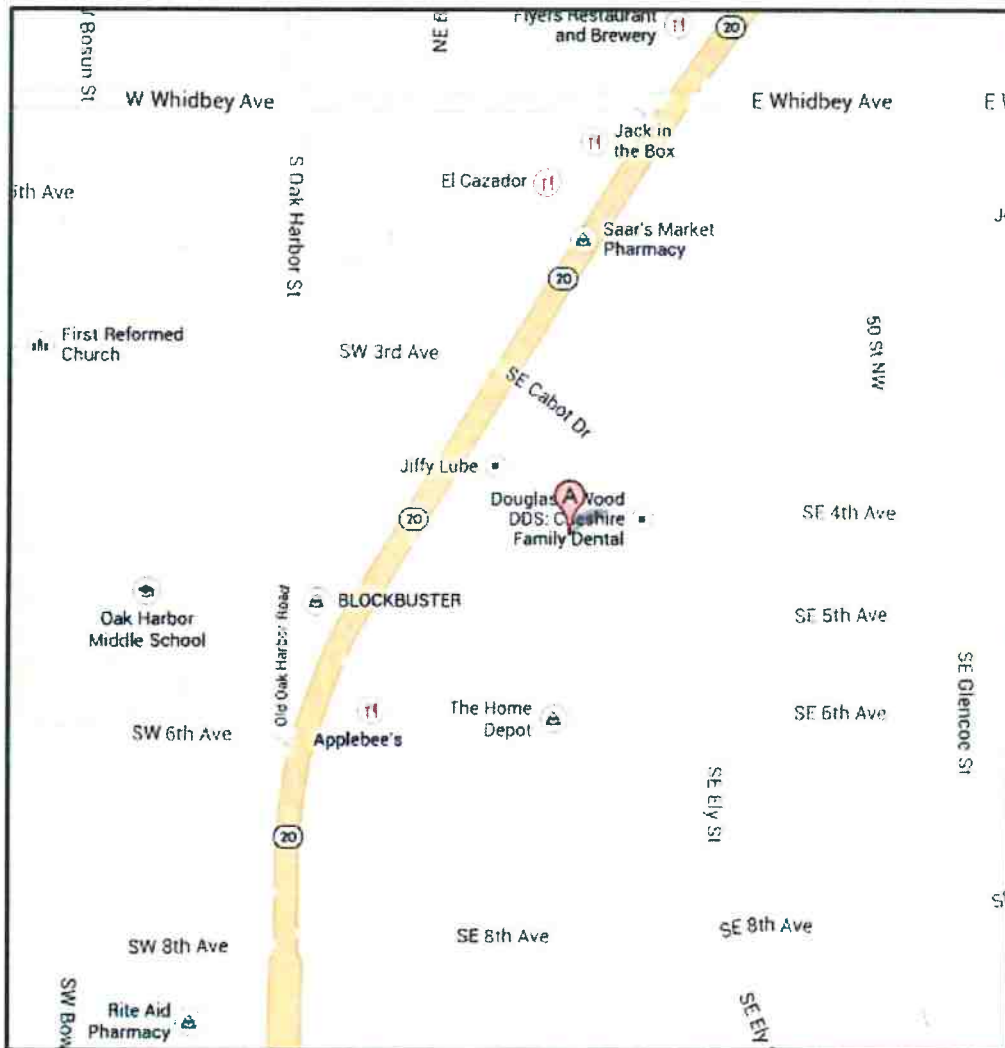
****DRUG TESTING MUST BE DONE BEFORE THE APPLICATION IS PROCESSED****



LABCORPDYNACARE

**275 SE CABOT DR STE B202
OAK HARBOR, WA 98277
Phone: 360-675-5133
Fax: 360-675-4973**

Hours: DRUG SCREENS 8:30AM-4:00PM CLOSED FOR LUNCH 12:30P-1:30P



TESTING CAN BE DONE AT ANY LapCorp , PLEASE CHECK THEIR WEBSITE www.labcorp.com

Please bring a photo ID and this number 208189



Application Checklist

(All Items listed below *must* be completed before submitting the application)

- _____ I carefully read through the application and answered all questions truthfully.
- _____ I have included all diplomas, certifications, and licenses as required.
- _____ I have enclosed a copy of my resume (If necessary).
- _____ Signed Background Investigation Form
- _____ Signed, dated, and notarized disclosure. (see below)

We have a notary on staff Monday-Friday 9:00-4:00 at the Bayview Station

If you have any questions regarding the application or the employment process
please contact us:

360-321-1533

Applications must be submitted by the deadline by:

Mail

South Whidbey Fire / EMS
5579 Bayview Road
Langley, WA 98260

Drop off

5579 Bayview Road
Langley, WA 98260
Mon-Fri 9:00-5:00