

South Whidbey Fire / EMS



Proudly Serving Since 1950

5535 Cameron Road
Freeland, WA 98249

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

Employment Application

Position Applying For: _____

PERSONAL

Date: _____

Name: _____
(Include all legal names used)

Physical Address: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

EDUCATION

Name and location of high school attended: _____

Did you graduate: Yes ____ No ____

If you are not a high school graduate, do you have a GED: Yes ____ No ____

If yes, please provide the date: _____

Continued education, college, trade school, etc.

REFERENCES (Please do not list former employers or relatives)

Name: _____ Phone Number: _____

Address: _____

How do you know this person: _____

Name: _____ Phone Number: _____

Address: _____

How do you know this person: _____

Name: _____ Phone Number: _____

Address: _____

How do you know this person: _____

EMPLOYMENT HISTORY

Current Employer: _____ Phone Number: _____

Dates of Employment: _____

Work Schedule: _____

Specific Duties: _____

Previous Employer: _____ Phone Number: _____

Date of Employment: _____

Specific Duties: _____

Reason for Leaving: _____

CERTIFICATIONS/TRAINING

List all applicable certifications, trade licenses, titles, schools etc. (attach a copy of licenses and certifications):

RELATED EXPERIENCE

List any related work experience, schools, trade jobs that are pertinent to the position applied for:

PERSONAL STATEMENTS

Why are you interested working for SWFE? _____

Do you have any physical limitations or health concerns that may preclude you from performing the duties listed in the attached job description? Yes _____ No _____

If yes, please explain: _____

How did you hear about South Whidbey Fire / EMS and open 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 a volunteer 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 a volunteer position, or terminate my position an employee or member.

I further authorize any and all previous employers and listed reference to release any information regarding employment to agents on behalf of South Whidbey Fire/EMS for the purpose of pre-employment checks.

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 or member.

Signature of Applicant

Date

****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****

Driving Record Release of Interest

Employers, prospective employers, volunteer organizations, or their agent can get driving records for an employee, prospective employee, or volunteer when authorized. Use this form to get their authorization.

- Complete the Company section.
- Give this form to your employee, prospective employee, or volunteer to complete their section.
- For audit purposes, keep this completed form in your files for at least five years. Do not mail it to the Department of Licensing.

Sealed juvenile records. Information contained in a driving record related to a sealed juvenile record may not be used for any purpose unless required by federal law. The employee or prospective employee may furnish a copy of the court order sealing the juvenile record to the employer, prospective employer, or their agent.

Company – To be completed by the company or the agent of the company

PRINT or TYPE Company name	
Agent company name (if applicable)	
Company/Agent company address	
Authorized representative name	Title
<p>Answer the following</p> <p>1. Is this company an employer, prospective employer, or volunteer organization of the individual whose driving record is being requested? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Is the record you are requesting necessary for employment purposes related to driving by the employee or prospective employee as a condition of employment or related to driving by the volunteer at the direction of the volunteer organization? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Do you agree to use the information contained in the record exclusively for this purpose and not divulge it to a third party? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Do you agree to hold harmless the Washington State Department of Licensing for all matters relating to the release of the requested driving record? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Certification</p> <p><i>I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.</i></p> <p style="text-align: center;">X</p> <p>_____</p> <p>Date and place signed Authorized representative signature</p>	

Employee, prospective employee, or volunteer – Complete this section and return the form to the company

PRINT or TYPE Full name (First, Middle, Last) of employee/prospective employee/volunteer	Date of birth (mm/dd/yyyy)	WA driver license number
<p>Authorization from</p> <p><input type="checkbox"/> Employee – for release of my driving record for employment purposes, at my employer’s discretion for the full term of my employment</p> <p><input type="checkbox"/> Prospective employee – for release of my driving record for employment purposes, not to exceed 30 days from date signed</p> <p><input type="checkbox"/> Volunteer – for release of my driving record for a position applied for that requires me driving at the direction of the volunteer organization</p>		
Employer, prospective employer, or volunteer organization name		
Employer agent company name if acting on behalf of the company for employment purposes		
<p>Authorization</p> <p><i>I am an employee, prospective employee, or volunteer of the company named above and I request that a copy of my Washington State driving record be sent to them/their agent.</i></p> <p style="text-align: center;">X</p> <p>_____</p> <p style="text-align: center;">Signature Date</p>		



Application Checklist

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

_____ I have read the job description

_____ I carefully completed the application and answered all questions truthfully

_____ I have enclosed a copy of applicable certifications or training

_____ The application, Background check and DOL forms are signed and dated

_____ I have attached a current resume'

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

360-321-1533 or ops@swfe.org

Applications can be submitted in the following ways:

Mail or Courier:

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

Drop off:

5579 Bayview Road
Langley, WA 98260
Mon-Fri 9:00-4:30