

Pierce County Fire District 16
 Key Peninsula Fire Department
 8911 Key Peninsula HWY N
 Lakebay, WA 98349
 253-884-2222



JOB APPLICATION

Pierce County Fire District 16 (the “District”) is committed to equal employment opportunity and does not discriminate against applicants or employees based on race, color, religion, creed, national origin, sex, sexual orientation, gender identity, age, physical or mental disability, marital status, veteran or military status, genetic information or any other status protected by law.

Applicants with disabilities may be entitled to reasonable accommodation in the hiring process. Reasonable accommodation includes modifications to the job application process that enable a qualified applicant with a disability to be considered for a desired position. Please contact the District’s Administrative Manager if you need assistance completing this application or to otherwise participate in the application process.

GENERAL INFORMATION

Name: _____

Position for which you are applying: _____

Present Address: _____
Street *City* *State* *Zip*

Primary Phone: _____ Message Phone: _____

Email Address: _____

Do you possess a valid WA State Drivers License? Yes No D.L. # _____

Do you certify that you are 18 years of age or older? Yes No

Are you legally authorized to work in the United States? Yes No

EDUCATION

EDUCATION	NAME/LOCATION OF SCHOOL	MAJOR	DIPLOMA/DEGREE	YR. GRAD.
High School				
College/Univ.				
Vocational				

Other				

List other training, education, certificates, licenses or background you consider relevant to the position applied for:

WORK HISTORY

Begin with your present employer or most recent employment position. You may attach a resume with additional information, although a resume will not be accepted in lieu of a completed work history as requested below.

From: <i>Mo/Yr</i>	To: <i>Mo/Yr</i>	Employer's Name, Address, Phone:
Job Title:		
Name/Title of Supervisor:		Primary Duties:
Reason for Leaving:		
From: <i>Mo/Yr</i>	To: <i>Mo/Yr</i>	Employer's Name, Address, Phone:
Job Title:		
Name/Title of Supervisor:		Primary Duties:
Reason for Leaving:		
From: <i>Mo/Yr</i>	To: <i>Mo/Yr</i>	Employer's Name, Address, Phone:
Job Title:		
Name/Title of Supervisor:		Primary Duties:
Reason for Leaving:		

If you are currently employed, may we contact your current employer? Yes No

OTHER BACKGROUND INFORMATION

For purposes of verifying information in this application, have you ever attended school or been employed under a different name at any of the organizations you have listed? Yes No
If yes, please explain: _____

Provide not less than two contacts for background and character reference checking. The listed references may not be relatives and should be persons who have known you for at least one year.

REFERENCE NAME	ADDRESS	PHONE NO.	ASSOCIATION
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

PLEASE READ CAREFULLY AND INITIAL EACH PARAGRAPH BEFORE SIGNING

I certify that all of the above information is true and complete. I understand that any falsification or omission of information made by me may disqualify me from further consideration for employment or, if hired, may result in my termination at any time during the period of my employment or participation in the District's volunteer program, regardless of the amount of time that has passed. _____ Initials

I understand that employment with Pierce County Fire District 16 is contingent on my providing documentation sufficient to establish my identity and eligibility to work in the United States. _____ Initials

I authorize Pierce County Fire District 16 to contact my current and former employers, schools, references and other person or organizations with which I have been employed or associated for the purpose of verifying information I have provided, with the exception of my current employer if I have requested that my current employer not be contacted. I understand that if I am a finalist for a position, the District may condition an offer of employment on my authorization to contact my current employer. I hereby release my current and former employers, schools, references and other persons or organizations with which I have been employed or associated from any liability resulting from the information released. I authorize my former employers, schools and other persons or organizations with which I have been employed or affiliated to provide any information or transcripts requested. _____ Initials

The District complies with Washington state law requirements related to preferences in employment and scoring criteria for qualifying veterans, their widows or widowers, and/or spouses of honorably discharged veterans with a service-connected permanent and total disability. See Chapter 41.04 RCW and RCW 73.16.010 for more information. I understand that I may be required to provide appropriate documentation to verify my eligibility for a veteran's preference. I understand that if I would like to establish eligibility for a veteran's preference or need additional information about veterans' preferences, I should contact the District's Administrative Manager to obtain the necessary paperwork.

_____ Initials

I understand that an offer of employment from the District will be conditioned on a background check to investigate my criminal background and other matters related to my suitability for employment or participation in the District's volunteer program. I understand that a separate disclosure and consent form will be provided to me prior to any background check being conducted by the District, as required by the Fair Credit Reporting Act.

_____ Initials

I understand that if I am applying for a job or volunteer position with the District that will involve unsupervised access to children under age 16, developmentally disabled persons or vulnerable adults, Washington law requires that I make certain disclosures to the District regarding whether I have been convicted of a crime and/or have had findings against me in any civil adjudicative proceeding as defined in RCW 43.43.834. The following positions with the District are subject to this disclosure requirement: Firefighters, Volunteer Firefighters, Firefighter/Emergency Medical Technicians, Firefighter/Paramedics, as well as all fire suppression officers (Fire Chief, Assistant Chief, Division Chiefs, Battalion Chiefs, Captains and Lieutenants). If I am applying for one of these positions, I agree to complete a supplemental disclosure to submit with this application.

_____ Initials

I understand that I may be subject to a pre-employment medical examination after receiving a conditional offer of employment or membership in the volunteer program and must meet the qualifications for the position I am seeking, with or without reasonable accommodation, before being permitted to commence employment or volunteering with the District.

_____ Initials

I understand that if I am applying for a safety sensitive position with the District, my employment or participation in the volunteer program may be conditioned on passing a pre-employment drug test to screen for use of illegal drugs.

_____ Initials

I understand and agree that, if hired, unless modified by a collective bargaining agreement or written employment agreement approved by the District's Board of Commissioners, my employment or volunteer position with the District will be at will, which means employment or participation is for an indefinite period of time and may be terminated by me or the District at any time, with or without cause or notice.

_____ Initials

MY SIGNATURE IS EVIDENCE THAT I HAVE READ AND AGREE WITH THE ABOVE STATEMENTS

Applicant Signature

Date

Applicant Printed Name