

Walla Walla County Fire District #4

Walla Walla, Washington

An Equal Opportunity Employer

Application for Employment

(Please check one of the following)

__ Firefighter/EMT __ Firefighter/Paramedic __ Lateral Firefighter/Paramedic

INSTRUCTIONS: Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application form. **PLEASE PRINT**, except for signature on last page of application. All information you give on this application will be held in strict confidence.

NOTE: This application must be signed to be accepted.

PERSONAL DATA

Last Name

First Name

Middle Name

Present Street Address

City

State

Zip Code

Telephone Number

E-Mail Address

When are you available for employment?

Would you take a physical examination if it is required for the job for which you are applying?

Yes_____ No_____

How did you hear about this position? (Please list website, publication, etc.)



GENERAL INFORMATION

Do you have a valid drivers license? Yes _____ No _____

Driver's License Number _____ State _____

Emergency Medical Technician Rating _____

Fire Instructor Level _____

Have you ever been convicted of any law violation (except a minor traffic violation)?

Yes _____ No _____

Are you now or do you expect to be engaged in any other business or employment?

Yes _____ No _____ If yes, explain:

EDUCATION

Name, address and location of school	Highest grade completed	Did you graduate?
High School: _____ _____		
College or University: _____ _____ Major: _____ Degree: _____		
College or University: _____ _____ Major: _____ Degree: _____		
Additional Education / Vocation / Technical Training	Courses	Completed
School: _____		
School: _____		
School: _____		



WORK HISTORY

List names of employers, in consecutive order, with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. If you worked in any position under another name, please give name (s). **Please give month and year.**

Name of Employer, Address, City, State, Zip Code:	Name of last supervisor:	Employed From: To:
Title:	Telephone:	Pay Start: Final:
Reason for leaving:		
Duties:		

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Duties:		

REFERENCES			
Give three references, not relatives or former employers.			
Name	Address	Phone	Occupation

<p>I certify the information in this application and attachments are true and complete to the best of my knowledge. I am aware that any falsification, misrepresentation or omission may result in my disqualification for employment or discharge from employment. I authorize my present and previous employers to release information regarding my job performance. I also authorize the hiring agency to obtain information of any past criminal activities through a police background investigation. I hereby waive my rights to claims or damages against any employer, policy agency and the hiring agency, its officers, agents and employees, in regard to this exchange of information concerning my past history and employment.</p>	
<p>Signature: _____ Date: _____</p>	



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APPLICATION SUPPLEMENT

I. Please answer the following questions and submit with your completed application.
1. Why do you want to be considered as a candidate for this position?
2. If you are selected and offered employment with this district, what are your expectations of the position?
3. Explain what goals and expectations you have for yourself in regards to your future in the fire service.
4. List six qualities that you have that would make you a top candidate for employment with this fire district.
5. Explain what you liked most about your last job. What did you like least about the same job?
II. Please provide proof of current WA EMT certification.
III. Provide copies of training certificates (Fire and EMS) for the last two years.
IV. Provide drivers license number and proof of insurability for driving purposes.



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WAIVER OF LIABILITY

I the undersigned hereby acknowledge that I am a candidate for a position with Walla Walla County Fire District #4 and that I have been requested to participate in a Physical Competitive Test to determine my physical condition.

I agree to take full responsibility for any injury or results of over-exertion incurred as a result of participating in these tests and hereby release Walla Walla County Fire District #4 from any and all liability which might result from such.

I further affirm that I am in good physical condition and consider myself physically capable of enduring such physical exertion which is necessary to do myself justice in these tests.

Dates this _____ day of _____, 20____

Applicant's Printed Name

Applicant's Signature

THIS FORM MUST BE SIGNED AND RETURNED WITH APPLICATION



(01.30.2024)