



Mason County Fire District 2

460 NE Old Belfair Hwy PO Box 277
 Belfair WA 98528
 Phone: 360-275-6711 Fax: 360-275-6224

Please type or print in ink

Position Applied For:	Date:
------------------------------	--------------

Application Type:

<input type="checkbox"/> Volunteer Firefighter	<input type="checkbox"/> Resident Firefighter
<input type="checkbox"/> Volunteer Emergency Medical Technician	<input type="checkbox"/> Community Response Team (CRT)
<input type="checkbox"/> Volunteer Firefighter/Emergency Medical Tech	<input type="checkbox"/> Cadet (16 to 18 Years Old)

Personal Data:

Name (Last, First, Initial)		Date of Birth	
Street Address	City	State/Zip Code	
Mailing Address (if different)	City	State/Zip Code	
Drivers License Number and State Issuing <small>Application will not be processed if information is missing</small>	Home Phone	Day Phone	
<p>Have you ever been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or a sentence deferred or suspended as an adult or juvenile, in Washington or another state or jurisdiction? (A criminal history may not automatically bar you from acceptance, but failure to disclose could result in denial.) If yes, please explain on back.</p> <input type="checkbox"/> No <input type="checkbox"/> Yes			

Education:

School Name & Location (attach additional sheet if more space is needed)	Number of Years	Did You Graduate?	Course of Study/Degree
High School			
College			
Other			
List Licenses, Certificates or Registrations:	Where Issued	Issue Date	Expiration Date

Employment and/or Volunteer History: Start with current/last position held. Attach additional pages if necessary.

Company Name:	Telephone No.	Employed (Mo/Yr) From: _____ To: _____
Company Address:	Okay to Contact <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason For Leaving?
	Your Title:	Monthly Salary:
Specific Duties:		
		No. of Employees Supervised:
Immediate Supervisor:		

Company Name:	Telephone No.	Employed (Mo/Yr) From: _____ To: _____
Company Address:	Okay to Contact <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason For Leaving?
	Your Title:	Monthly Salary:
Specific Duties:		
		No. of Employees Supervised:
Immediate Supervisor:		

Company Name:	Telephone No.	Employed (Mo/Yr) From: _____ To: _____
Company Address:	Okay to Contact <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason For Leaving?
	Your Title:	Monthly Salary:
Specific Duties:		
		No. of Employees Supervised:
Immediate Supervisor:		

revised 7/10

Special Skill:

If you have other skills obtained through hobbies, volunteer work, etc., relevant to the position for which you are applying, please describe:

Special Equipment

List machines/equipment that you can operate which are necessary or useful to this position.

Languages:

List any languages other than English that you speak fluently.

References

Name	Address	Phone

I hereby declare the information provided by me in this Application is true, correct, and complete to the best of my knowledge. I understand that I if am selected to be a member, any mis-statement or omission of fact on this Application shall be considered cause for dismissal. I authorize investigation of all statements in this Application.

I authorize all previous employers to furnish employing agency my record, reason for leaving, and all information they may have concerning me and I hereby release them and the employing agency from all liability or any damage whatsoever arising there from.

Name _____ Date _____

Subject Release & Background Check Authorization Mason County Fire District 2

Mason County Fire District 2 is authorized to do a background investigation on me in the course of consideration of employment and/or volunteering. I voluntarily and knowingly authorize any law enforcement agency, state, county, or federal agency, present employer or supervisor, past employer or supervisor, administrator, finance bureau/office, credit bureau, collection agency, college, university, or other institution of learning or certificate, private business military branch, or the National Personal Records Center, personal reference, and/or other persons to give record or information they may have concerning my workers' compensation claim history, and name of employer, criminal history, motor vehicle history, earnings history, credit history, character, and employment records, or any other information requested. I voluntarily and knowingly unconditionally release any named or unnamed information from any and all liability resulting from the furnishing of this information. A photographic or faxed copy of the authorization shall be as valid as the original. This authorization shall remain in effect for 6 (six) months from the date of the claimant's signature.

Full Name (Last, First, Middle)

Former/Maiden/Other Names Used

Addresses for the last 7 (seven) years

Address	City	State & Zip Code	mo/yr to mo/yr

Phone:

Driver's License # State Name as it is on license

Non-Employer related information required for background check

Date of Birth

Gender: M / F

I understand that the information at the top of this page is for investigation only. I further acknowledge that my date of birth and gender are to be used for outside investigative purposes where this search criteria may be required by certain agencies and will not

Signature: _____ Date: _____

revised 7/10