

SHORELINE FIRE DEPARTMENT

An Equal Opportunity Employer



Today's Date: _____ Position for Which You Are Applying: _____
Are you 21 years or older? Yes No

PERSONAL INFORMATION

Please Type or Print

Name (Last, First, Middle) _____ Social Security Number: _____

Present Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____ E-mail: _____

Valid WA State License? Yes No Driver's License #: _____
If license from another state, what state: _____ Driver's License #: _____

Have you ever been convicted, pleaded no contest or paid a fine for any traffic violations in the past three years? Yes No

Are you legally eligible to be employed in the United States?
(proof of identify and eligibiity will be required upon employment) Yes No

Have you ever been convicted of a felony? Yes No

Have you ever worked for the Department before? Yes No If yes, when? _____
If yes, in what capacity: _____

If yes, reason for leaving: _____

Do you have relatives or friends who work for the Department? Yes No

If yes, who, and what is your relationship: _____

How did you find out about this position?
 Employment Agency Department Website GovJobsToday Site
 KC Fire Chiefs Site WA Fire Chiefs Site Friend Walk In Other _____

EMPLOYMENT INFORMATION

Please Type or Print

Resumes will not be accepted as a substitute for completing this section. Beginning with your present or most recent employment, list your work experience for at least the last ten years, including periods of self-employment and U.S. military service. Attach separate sheets, if necessary.

Are you presently employed? Yes No If yes, may we contact your employer? Yes No

CURRENT OR LAST EMPLOYER / NAME: _____

CITY / STATE: _____

TYPE OF COMPANY: _____

POSITION: _____ From: _____ To: _____

ANNUAL SALARY: _____ MAY WE CONTACT YOUR SUPERVISOR? Yes No

NAME OF SUPERVISOR: _____ TELEPHONE: _____

DESCRIPTION OF WORK: _____

REASON FOR LEAVING: _____

PREVIOUS EMPLOYER / NAME: _____
CITY / STATE: _____
TYPE OF COMPANY: _____
POSITION: _____ From: _____ To: _____
ANNUAL SALARY: _____ MAY WE CONTACT YOUR SUPERVISOR? Yes No
NAME OF SUPERVISOR: _____ TELEPHONE: _____
DESCRIPTION OF WORK: _____
REASON FOR LEAVING: _____

PREVIOUS EMPLOYER / NAME: _____
CITY / STATE: _____
TYPE OF COMPANY: _____
POSITION: _____ From: _____ To: _____
ANNUAL SALARY: _____ MAY WE CONTACT YOUR SUPERVISOR? Yes No
NAME OF SUPERVISOR: _____ TELEPHONE: _____
DESCRIPTION OF WORK: _____
REASON FOR LEAVING: _____

PREVIOUS EMPLOYER / NAME: _____
CITY / STATE: _____
TYPE OF COMPANY: _____
POSITION: _____ From: _____ To: _____
ANNUAL SALARY: _____ MAY WE CONTACT YOUR SUPERVISOR? Yes No
NAME OF SUPERVISOR: _____ TELEPHONE: _____
DESCRIPTION OF WORK: _____
REASON FOR LEAVING: _____

EDUCATION

Please Type or Print

HIGH SCHOOL:
LOCATION (City / State): _____ # OF YEARS ATTENDED: _____
DID YOU GRADUATE? Yes No SUBJECTS STUDIED: _____

COLLEGE:
LOCATION (City / State): _____ # OF YEARS ATTENDED: _____
DID YOU GRADUATE? Yes No SUBJECTS STUDIED: _____

POST-COLLEGE:
LOCATION (City / State): _____ # OF YEARS ATTENDED: _____
DID YOU GRADUATE? Yes No SUBJECTS STUDIED: _____

TRADE/VOCATIONAL: _____
 LOCATION (City / State): _____ # OF YEARS ATTENDED: _____
 DID YOU GRADUATE? Yes No SUBJECTS STUDIED: _____

Have you completed any special courses, seminars and/or training that would enable you to perform the position for which you are applying? Yes No
 If yes, describe: _____

CERTIFICATIONS / SKILLS

Please Type or Print

Have you tested with Shoreline previously? Yes No
 Firefighting experience? Yes No
 EMT Certificate Yes No
 NREMT Yes No
 Written Firefighter Test through NTN? Yes No
 CPAT Completed within last 12 months? Yes No
 IFSAC FF1? Yes No
 IFSAC FF2? Yes No
 EVIP Certification? Yes No
 Rescue Systems I? Yes No

If yes, state: _____
 Certification Date: _____

Describe any special skills / training that are relevant to the position for which you are applying, including basic computing skills/use:

REFERENCES

Please Type or Print

Please provide the names and contact information of three persons who are not related to you but whom you have known for at least one year.

Name: _____ Years Acquainted: _____
 Relationship: _____ City/State: _____ Phone: _____
 Home Business
 Cell

Name: _____ Years Acquainted: _____
 Relationship: _____ City/State: _____ Phone: _____
 Home Business
 Cell

Name: _____ Years Acquainted: _____
 Relationship: _____ City/State: _____ Phone: _____
 Home Business
 Cell

SERVICE RECORD

Please Type or Print / ATTACH A COPY OF DD214, LONG FORM

BRANCH OF SERVICE

RANK

DISCHARGE DATE

APPLICANT'S CERTIFICATION AND AGREEMENT

Signature and Date Required

I hereby certify, under the penalty of perjury in the State of Washington, that this application contains no willful misrepresentation, and that the information given is true and complete, to the best of my knowledge and belief. I understand that falsification of this application will be grounds for elimination from further consideration or, if employed, for dismissal at any time. I authorize my previous employers and all schools or educational and technical institutions, which I have attended, to furnish my record, reason for leaving and all information they may have concerning me. I hereby release any such current or former employers or institutions, their agents or employees from all liability for any damage whatsoever arising therefrom. I authorize investigation of all statements in this application.

Applicant's Signature

Date:
