

# SHORELINE FIRE DEPARTMENT

An Equal Opportunity Employer



Today's Date: \_\_\_\_\_ Position for Which You Are Applying: \_\_\_\_\_

## 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  KC 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: \_\_\_\_\_

**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: \_\_\_\_\_