



**Please return completed applications to:**

Shoreline Fire Department  
 ATTN: Human Resources  
 17525 Aurora Avenue North, Shoreline, WA 98133  
 Fax: 206-237-2458  
 Email: employment@shorelinefire.com

**NOTE: PLEASE ASK IF YOU NEED ASSISTANCE COMPLETING THIS APPLICATION**

INFORMATION				
LAST NAME:		FIRST NAME:		MIDDLE INITIAL:
ADDRESS:		CITY:	STATE:	ZIP:
HOME PHONE:	CELL PHONE:		E-MAIL:	
POSITION APPLIED FOR?		WAGE/SALARY DESIRED?		
DATE AVAILABLE FOR WORK?		AVAILABLE: <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights		
APPLYING FOR: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary If part time, specify hours or days:				
Have you ever previously applied for employment here? <input type="checkbox"/> No <input type="checkbox"/> Yes; If yes, when?				
How did you learn about this position opening?				
If employee referral, please specify name:				
Are you legally eligible to work in the United States? <input type="checkbox"/> No <input type="checkbox"/> Yes (Proof of right to work in the U.S. will be required if hired)				
Are you 18 years or older? <input type="checkbox"/> No <input type="checkbox"/> Yes (If no, employment is subject to minimum legal age requirements)				
Do you possess a valid driver's license? <input type="checkbox"/> No <input type="checkbox"/> Yes (A valid driver's license is required only where stated in job announcement):				
License No.:		State:	Expiration Date:	
Have you ever been convicted of a felony or entered an Alford Plea within the past 10 years? (A conviction may not necessarily disqualify you from employment.)				
<input type="checkbox"/> No <input type="checkbox"/> Yes; If yes, please indicate the date and nature of the offense:				
In a criminal or civil proceeding, have you ever been found responsible for domestic violence, abuse, sexual abuse, neglect, and/or exploitation of a child or a vulnerable adult? (Civil proceedings include non criminal judicial or administrative hearings and determinations that have been made by agencies such as the Department of Social and Health Services or the Department of Health).				
<input type="checkbox"/> No <input type="checkbox"/> Yes; If yes, please indicate the date and nature of the offense:				
Were you known by any other name(s)? <input type="checkbox"/> No <input type="checkbox"/> Yes; If you, please indicate name(s):				

EDUCATION				
	Name and Location of School	Years Completed	Did you graduate?	Degree(s) Received
High School				
High School				
College				
College				
Trade				
Business, or				
Graduate school				

CERTIFICATIONS AND LICENSES			
Certification/License	State	Certification/License Number	Expiration Date

PROFESSIONAL REFERENCES			
List at least 3 persons (other than relatives), including at least 2 supervisors, who can speak to your professional work experience.			
Name	Relationship to You	Professional Title	Phone number

EMPLOYMENT RECORD (INCOMPLETE APPLICATIONS CANNOT BE ACCEPTED)	
Please list your employment history below beginning with the most recent employer, include U.S. military service, for the last 10 years:	
If currently employed, may we contact your employer? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Employer _____	Type of business _____ Telephone (    ) _____
City _____	State _____ Fax: (    ) _____
Job Title _____	Supervisor _____ Telephone (    ) _____
Dates Employed: From _____ To _____ Reason for leaving _____	
Duties _____	
_____	
_____	

## EMPLOYMENT RECORD CONTINUED

Employer \_\_\_\_\_ Type of business \_\_\_\_\_ Telephone (    ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Fax: (    ) \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_ Telephone (    ) \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Duties \_\_\_\_\_

Employer \_\_\_\_\_ Type of business \_\_\_\_\_ Telephone (    ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Fax: (    ) \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_ Telephone (    ) \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Reason for leaving \_\_\_\_\_ Wage/Salary \_\_\_\_\_

Duties \_\_\_\_\_

Employer \_\_\_\_\_ Type of business \_\_\_\_\_ Telephone (    ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Fax: (    ) \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_ Telephone (    ) \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Duties \_\_\_\_\_

## SKILLS (if applicable to position applying for)

Please indicate your level of experience with each of the following programs based on the following rating scale.

0 = No experience      1 = Beginner      2 = Intermediate      3 = Expert      NA = Not Applicable

Product	Level of Experience	Product	Level of Experience
MS Word		MS PowerPoint	
MS Outlook		MS Access	
MS Excel		Internet Explorer	
MS Publisher		Adobe	

Indicate other skills related to the position you are seeking:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EQUAL OPPORTUNITY EMPLOYER:** It is the policy of Shoreline and Northshore Fire Departments to afford equal employment opportunities to all employees and applicants, without regard to race, gender, color, national origin, citizenship status, religion, age, marital status, disability, genetic information, sexual orientation, veteran status, or any other characteristic protected by Federal, State, and Local law.

## NOTIFICATION AND AGREEMENT

### PLEASE READ BEFORE SIGNING

I certify that the information provided by me is true, correct, and complete. I understand that any position offered me will be contingent upon the results of a background check, drug test and, if applicable to the position, a medical examination. I understand that if hired, I can be discharged for any misrepresentation or omission and that employment eligibility may be conditioned on Shoreline and Northshore Fire Department's receipt of a satisfactory criminal conviction report and my providing proof of eligibility to work in the United States.

I authorize the Departments to which I am providing this application to investigate all statements contained in this application and to request information about me from previous employers, educational institutions, and references. I expressly authorize my previous employers to provide information and opinions concerning my work and work habits. Further, I release all parties (including Shoreline and Northshore Fire Departments) and persons connected with any requests for information from all claims, liabilities, and damages for whatever reason, arising out of furnishing any information. If employed, I release Shoreline and Northshore Fire Departments from any liability for future references it may provide regarding my work history with Shoreline and Northshore Fire Departments.

Due to the large number of applications that Shoreline and Northshore Fire Department receives, I understand that the Departments cannot guarantee that my application will be considered for any or all open positions they may have or that my application will be considered for any specific time.

In the event of employment, I understand that I am required to abide by all current and subsequently issued rules and regulations of Shoreline and Northshore Fire Departments.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

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Applicant Signature

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Date

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Applicant Name (Print)