



Please return completed applications to:

Shoreline Fire Department
 ATTN: Human Resources
 17525 Aurora Avenue North, Shoreline, WA 98133
 HR Confidential 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), if applicable, 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? No 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 Fire Department 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 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 Signature

Date

Applicant Name (Print)