

Return completed applications to:
Fax: 253-843-2574 • Mail: P.O. Box 829, Roy, WA 98580
Hand Deliver: 302 McNaught St., Roy, Washington 98580

PIERCE COUNTY FIRE DISTRICT #17
302 McNaught Street, Roy, Washington 98580 Telephone (253) 843-2425
VOLUNTEER APPLICATION

POSITION YOU ARE APPLYING FOR:

- Support Firefighter/EMT
 Firefighter Firefighter/Paramedic

NAME: _____
Last Middle Initial First

ADDRESS: _____
Street Apt #

City State Zip Code

TELEPHONE: (____) _____ (____) _____
Home Work

SOCIAL SECURITY NUMBER: _____ - _____ - _____ GENDER: M F

BIRTH DATE: ____/____/____ DRIVER'S LICENSE: _____
Month Day Year Number State

HIGH SCHOOL DIPLOMA OR GED CERTIFICATE: Yes No

CURRENT EMT STATUS: None EMT-B EMT-I EMT-P

EXPERIENCE (# of months you have been a volunteer/paid EMT or Firefighter)
 None Volunteer Career _____ Months

CURRENT EMPLOYER: _____

ADDRESS: _____

JOB DESCRIPTION: _____

MAY WE CONTACT YOUR EMPLOYER? YES NO

LIST ALL TRAFFIC VIOLATIONS/ACCIDENTS YOU HAVE HAD IN THE LAST 5 YEARS:

_____.

Applicant will be subject to a routine driver's check prior to employment

HAVE YOU EVER BEEN CONVICTED OF ANYTHING OTHER THAN TRAFFIC VIOLATIONS? YES NO

IF YES, EXPLAIN: _____.

Applicant will be subject to a routine criminal check prior to employment

DO YOU HAVE ANY HEALTH PROBLEMS THAT COULD INTERFERE WITH YOUR DUTIES AS A FIREFIGHTER? YES NO

IF YES, EXPLAIN: _____.

_____.

PLEASE LIST 3 PERSONAL REFERENCES. (excluding family members)

Name _____ Phone _____

Address _____ Years Known _____

Name _____ Phone _____

Address _____ Years Known _____

Name _____ Phone _____

Address _____ Years Known _____

By my signature below, I certify that all answers and statements on this application are true and complete to the best of my knowledge. The completion of this application does not guarantee employment with the District. I understand that should an investigation disclose untruthful or misleading answers, my application may be rejected or my employment with the District terminated. In addition, I authorize previous employers and references to release information as necessary to verify my qualifications.

Signature _____ Date _____

Return completed applications to:
Fax: 253-843-1944 • Mail: P.O. Box 829, Roy, WA 98580
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URBAN PROTECTION WITH RURAL PRIDE

REQUEST FOR ABSTRACT OF DRIVING RECORD

An abstract of driving record must be obtained through the Department of Licensing in Olympia. This form may be used to request a copy of YOUR driving record by completing the following information:

Print Full Name _____ Date of Birth _____
Last First Middle Initial

Please indicate the purpose of the driving record. IF NONE OF THE BOXES ARE MARKED, FORM WILL BE RETURNED.

- Three - year insurance record.
- Five - year employment / commercial record.
- Five-year record (shows all convictions, accidents and suspension/revocation actions)

I hereby authorize the Department of Licensing to forward my driving record to the address indicated below.

Signature of Driver _____

Return to: PCFD #17
PO Box 829
Roy, WA 98580

PIERCE COUNTY
FIRE PROTECTION DISTRICT NO. 17

P.O. Box 829, Roy, Washington 98580 Business Phone: (253) 843-2425

***** PLEASE READ*****

NOTICE TO ALL APPLICANTS

**CHILD AND ADULT ABUSE
INFORMATION ACT**

Under a law passed in the 1987 Washington State Legislature, applicants for employment in positions who will or may have unsupervised access and who will or may be directly responsible for the care, supervision or treatment of children or developmentally disabled persons must make a written disclosure of certain civil adjudications, convictions, records of crimes against persons, and (for licensed personnel) disciplinary board final decisions. **Background inquiries on these matters will be made to the Washington State Patrol, or to other state or federal law enforcement agencies.** Information obtained from the applicant's disclosure statement or from these background inquiries will not necessarily prevent employment. This information will be considered in determining the applicant's character, suitability and competence to perform and may result in a denial of employment. All applicants must sign a release authorizing the background inquiry. Failure to do so, or to provide the disclosure statement, shall prevent the applicant from employment.

Please answer all questions on the next page. Then provide your name and signature at the bottom of the page.

THANK YOU FOR YOUR COOPERATION

**PIERCE COUNTY FIRE PROTECTION DISTRICT NO. 17
DISCLOSURE STATEMENT**

Pursuant to the requirements of 1987 Washington Chapter 486, we must ask you to complete the following disclosure statement. answer all questions then provide your signature at the bottom. This information will be kept confidential.

1. Have you ever been convicted of a crime against persons?

(A crime against persons includes any of the following offenses: aggravated murder; first or second degree murder; first or second degree kidnapping; fist or second or third degree assault; first, second or third degree rape; first, second. or third degree statutory rape; first or second degree robbery; first degree arson; first degree burglary; first or second degree manslaughter; first or second degree extortion; indecent liberties; incest; vehicular homicide; first degree promoting prostitution; communication with a minor; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree criminal mistreatment; or any of these crimes as they may be renamed in the future.)

YES NO

If your answer is "YES" please describe and provide the date(s) of the convictions(s) and the sentence(s) imposed.

2. Have you ever been found in a

- (a) Dependency action
- (b) Domestic relations proceeding, or
- (c) Disciplinary board final decision

To have sexually assaulted or exploited a minor, or to have sexually abused a minor?

YES NO

If your answer is "YES" , please describe the circumstance(s) and provide the date(s) of the finding(s) and the penalty(ies) imposed.

If you answered "YES" to any of the above questions, complete the following. If you answered "NO" to all questions, proceed to the signature block below. This information shall only be used for the purpose of identification in conjunction with the background inquiry.

SEX	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	RACE	SOCIAL SECURITY NO.	DATE OF BIRTH
						- -	

We may request your fingerprints to obtain from the Washington State Patrol criminal identification system a report of your record of criminal convictions for offenses against persons, civil adjudication's of child abuse, and disciplinary board final decisions. If you are hired before that report is available, YOUR EMPLOYMENT WILL BE CONDITIONED UPON THE RECEIPT OF A SATISFACTORY REPORT.

You will be notified of the State Patrol's response within ten days after we receive the report. We will make a copy of the report available to you upon your request.

UNDER PENALTY OF PERJURY, I certify that the above information is true, correct and complete. I understand that if I am hired, I can be discharged for any misrepresentation or omission in the above statement. I also understand that if I am hired, my employment is conditioned on receipt of a satisfactory report from the Washington State Patrol.

SIGNATURE	MAIDEN NAME
NAME (PLEASE PRINT LEGAL NAME)	OTHER NAMES BY WHICH YOU HAVE BEEN KNOWN
DATE	

PIERCE COUNTY
FIRE PROTECTION DISTRICT NO. 17
P.O. Box 829, Roy, Washington 98580 Business Phone: (253) 843-2425

AUTHORIZATION FOR REFERENCE CHECK

RELEASE: I hereby authorize any prior employers to provide such information concerning my employment with them as may be requested, and also authorize the Registrar/ Placement Office of all educational institutions I attended to release an official copy of my transcript and, if available, faculty appraisals.

Applicant Signature

Date