



Lewis County Fire Protection District 2

150 N. Second St. - PO Box 309 - Toledo, WA 98591

EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

POSITION APPLYING FOR

Part Time _____

Full Time _____

Print Exact Title From Job Announcement

PLEASE TYPE OR PRINT IN INK

1. _____ Social Security Number- for Applicant/Employee Record Control (Voluntary)				
2. Name:				
Last Name	First Name	Middle Name		
3. Address:				
No.	Street	Apt No.	City	State/Zip
4. Phones: () _____ () _____ () _____				
Home	Business	Emergency		

e-mail address

5. COMPLETE ONLY IF YOU ARE NOT A UNITED STATES CITIZEN. Do you have permission to work in the United States from the U.S. Immigration and Naturalization Service ?

YES _____ NO _____

You will be required to submit proof of your permission to work if employed. YES _____ NO _____

6. Have you ever been convicted of any offense by any civilian or military court? If yes, please note on separate paper the date and place of each offense, the specific charge, the date and place of conviction and the fine or sentence received. You may omit traffic violations for which the only penalty imposed was a fine of less than \$100.00. A criminal record is not necessarily a bar to employment. Each case is given individual consideration, based on job relatedness.

[]

7. Have you ever been discharged, forced to resign, or rejected during a probationary period from any employment in the last ten years ? []

If yes, give name and address of the employers, reason for each release and dates of employment. Separate sheet of paper

8. Are you fluent in any language other than English? If so, please specify: _____ []

9. Do you have any medical conditions that would prohibit or limit your duties as an EMT / Firefighter / Paramedic ? YES NO

10. List Licenses, certificates and / or registrations required for this job (Driver's License, EMT/B, EMT-P, IFSAC ACLS, PALS, PHTLS, etc.)

TITLE	Date Issued	Date Expires	Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

11. Professional References (Name, Relation/Occupation, Years Known, Phone Number)

1) _____

2) _____

3) _____

14. I authorize the employers and educational institutions identified in this employment application to release any information they have concerning my employment or education to Lewis Co. Fire District 2. Y____ N____

May we contact you present employer ? Y____ N____

I CERTIFY that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I understand and agree misstatements/omissions of material fact will cause forfeiture of my rights to employment.

DATE _____

SIGNATURE _____