

**LEWIS COUNTY
FIRE DISTRICT 2**

VOLUNTEER APPLICATION

Highlighted Sections Must Be completed

MAIL OR DELIVER TO:
Lewis Co. Fire District 2
150 North 2nd Street
P. O Box 309
Toledo, Washington 98591
(360) 864-2366 Phone
(360) 864-8366 Fax

DATE RECEIVED

For Human Resources Use Only	
Accepted	Rejected
Date	
Notes	

PLEASE PRINT IN INK

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

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

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

9. 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
WDL	_____	_____	_____
FIRST AID	_____	_____	_____
EMT	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

11. **EDUCATION:** Check appropriate box if you possess one of the following:

High School Diploma _____ G.E.D Certificate _____

Give Highest Grade or Education Level Achieved _____

Name of colleges / universities attended	Dates Attended	Course	Degree	Type Degree
A)			Y__ N__	
B)			Y__ N__	
C)			Y__ N__	
D) Other Schools / Training Completed			Hours	Certificate

Please List your work experience current or most recent experience

Dates	Employer's Name and Address	Title	Reason for Leaving
From		Duties performed	
To			
Total			
Full Time			
Part Time	Hrs per week _____ Hr. Salary _____		

COMMENTS:

13. **References:**

Name	Relation	Occupation	Years Known	Phone
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 _____