



Application for Employment

East Jefferson Fire Rescue (WA)

Single-Role EMT

Instructions: Each question should be answered fully and accurately. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. All information you give on this application will be held in strict confidence. Digital signature is acceptable.

Application will be rejected if not signed.

Personal Data

| | | | | | | | | | | | | | | | |
|-------------------------|--|--|--|------------------------|--|--|--|-------------|--|--|--|-----|--|--|--|
| Last Name | | | | First Name | | | | Middle Name | | | | | | | |
| Current Mailing Address | | | | City | | | | State | | | | Zip | | | |
| Primary Phone Number | | | | Secondary Phone Number | | | | | | | | | | | |
| Email Address | | | | | | | | | | | | | | | |

When are you available for employment?

Are you at least 18 years old? Yes No

Would you take a physical examination if it were required for the job for which you are applying? Yes No

General Information

Do you have a valid Driver's License? Yes No

Driver's License Number:

State:

Emergency Medical Technician Rating:

| State:

| Expiration Date:

Have you ever been convicted of or pleaded no contest to a felony? Yes

No If yes, please explain:

Are you currently OR expecting to be engaged in any other business or employment? Yes No

If yes, please explain:



Education

| | | | |
|---|--|--------------------------------|--|
| High School | | Highest Level Completed | Did you graduate? |
| Institution Name / City, State | | | |
| | | | |
| College or University | | Highest Level Completed | Did you graduate? |
| Institution Name / City, State | | | |
| | | | |
| Major/Degree: | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | |
| Major/Degree: | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | |
| Major/Degree: | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Additional Educational/Vocational/Technical Training | | | Did you complete coursework |
| Institution Name / City, State | | | |
| | | | |
| Coursework: | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | |
| Coursework: | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | |
| Coursework: | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Employment History

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time, including military service and any periods of unemployment. If self-employed, give firm name and supply business references. If you worked in any position under another name, please give name(s). **Please indicate month and year of employment.**

| | | | |
|----------------------|--|-------------------|----------------|
| Name of Employer: | | Employed from: | |
| | | to | |
| | | MO/YR | MO/YR |
| Address: | | | |
| Supervisor: | | Telephone Number: | |
| Your Position Title: | | Beginning Salary: | Ending Salary: |
| Duties: | | | |
| Reason for Leaving: | | | |



Employment History (continued)

| | | | |
|----------------------|-------------------|----------------------|-------|
| Name of Employer: | | Employed from: to | |
| Address: | | MO/YR | MO/YR |
| Supervisor: | Telephone Number: | | |
| Your Position Title: | Beginning Salary: | Ending Salary: | |
| Duties: | | | |
| Reason for Leaving: | | | |
| | | | |
| Name of Employer: | | Employed from: to | |
| Address: | | MO/YR | MO/YR |
| Supervisor: | Telephone Number: | | |
| Your Position Title: | Beginning Salary: | Ending Salary: | |
| Duties: | | | |
| Reason for Leaving: | | | |
| | | | |
| Name of Employer: | | Employed from: to | |
| Address: | | MO/YR | MO/YR |
| Supervisor: | Telephone Number: | | |
| Your Position Title: | Beginning Salary: | Ending Salary: | |
| Duties: | | | |
| Reason for Leaving: | | | |
| | | | |



References

Give three references (exclude relatives and former employers).

| | | |
|--|-------------|------------|
| Name: | Occupation: | Telephone: |
| Email Address: | | |
| | | |
| Name: | Occupation: | Telephone: |
| Email Address: | | |
| | | |
| Name: | Occupation: | Telephone: |
| Email Address: | | |
| | | |
| <p>I certify the information in this application and attachments are true and complete to the best of my knowledge. I am aware that any falsification, misrepresentation, or omission may result in my disqualification for employment or discharge from employment. I authorize my present and previous employers to release information regarding my job performance. I also authorize the hiring agency to obtain information of any past criminal activities through a police background investigation. I hereby waive my rights to claims or damages against any employer, police agency and the hiring agency, its officers, agents, and employees, in regard to this exchange of information concerning my past history and employment.</p> | | |
| _____ | | _____ |
| Signature | | Date |

