

SOUTH WHATCOM FIRE AUTHORITY

2050 Lake Whatcom Blvd., Bellingham, WA 98229



Employment Application

APPLICANT INFORMATION					
Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
Mailing Address (if different from above)					
City			State		ZIP
Main Phone	<input type="checkbox"/> Cell	Secondary Phone	<input type="checkbox"/> Cell	Birthdate	
Social Security No.			E-Mail Address		
Position Applying for	Volunteer FF <input type="checkbox"/>	Resident FF <input type="checkbox"/>	Full-Time Career FF <input type="checkbox"/>	Part-Time FF <input type="checkbox"/>	
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?		
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain		
Are you able to travel to/from Canada?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, explain		
EMERGENCY CONTACT INFORMATION					
Emergency Contact			Relation		
Home Phone			Work Phone		
Spouse Information (if different from emergency contact)					
Name		Home Phone		Work Phone	
EDUCATION					
High School		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
PREVIOUS EXPERIENCE AND TRAINING					
List any experience or training that directly relates to the job or provide resume:					

REFERENCES*Please list three professional references.*

Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

CURRENT AND PREVIOUS EMPLOYMENT (List most current first)

Company	Phone ()	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company	Phone ()	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company	Phone ()	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

MILITARY SERVICE		
Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date

****Required Documents to be attached:**

- Photocopy of valid Washington State Driver's License
- Signed/dated copy of SWFA Authorization for Release of Information form.

****If applicable, also attach any of the following:**

- Washington State EMT Certification
- IFSAC Firefighter I and/or II
- Current CPAT Card/Certificate

For Office Use Only			
Date Received		Complete Application <input type="checkbox"/>	Incomplete Application <input type="checkbox"/>



South Whatcom Fire Authority
Authorization for Release of Information

I hereby authorize South Whatcom Fire Authority to conduct a complete background investigation for the purpose of verifying the information contained in my application and my fitness for the position that I have applied for. I further acknowledge and agree that the Fire Authority may:

- ☞ Contact my present or former employers for all information relating to achievement, performance, attendance, personal history, and discipline
- ☞ Confirm the status of my driver's license and driving record (if applicable to position requirements)
- ☞ Inquire into any criminal convictions on my record
- ☞ Obtain copies of my medical records
- ☞ Contact any personal references provided
- ☞ Verify my educational background and training

I specifically authorize any person, firm or corporations contacted by South Whatcom Fire Authority to release any of the above records to the Fire Authority. I agree to:

- ~ Waive any privilege of confidentiality I may have with respect to said records
- ~ Waive any claims against the South Whatcom Fire Authority or against any prior employers as a result of the Authorities collection of said information

Dated this _____ Day of _____, 20_____

Place of Birth: _____

Date of Birth: _____

Address: _____

Previous Address: _____

Social Security Number: _____ - _____ - _____

Driver's License Number: _____

Email Address: _____

Name: Last, First, Middle Name (Full)
(Please Print): _____

Signature: _____