



**South Pend Oreille Fire and Rescue**  
**325272 Hwy 2 Newport, WA 99156**  
**509-447-5305 Telephone & Fax**

## **FF/EMT Position Application**

Date: \_\_\_\_\_

### **PERSONAL**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_  
Home Work Cell

Email address: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_

Restrictions or endorsements \_\_\_\_\_

Traffic Citations in last 3 years \_\_\_\_\_

Felony Convictions in Last 7 years \_\_\_\_\_

Note: Such convictions may be relevant if job related, but does not bar you from becoming a member of our organization.

### **EDUCATION**

High school Graduate: yes \_\_\_ no \_\_\_ GED \_\_\_ currently in school \_\_\_

College (mark highest year completed): 1\_\_\_ 2\_\_\_ 3\_\_\_ 4\_\_\_ higher\_\_\_

Areas of study: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PRESENT EMPLOYMENT**

Employer: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Years There: \_\_\_\_\_ Shift: \_\_\_\_\_

**EMPLOYMENT HISTORY**

1. Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Employer: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Occupation: \_\_\_\_\_
2. Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Employer: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Occupation: \_\_\_\_\_
3. Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Employer: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Occupation: \_\_\_\_\_

**FIREFIGHTER TRAINING / EXPERIENCE (attach relevant certifications)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMS TRAINING / EXPERIENCE**

Present Qualifications

- BLS Provider
- Advanced First Aid
- EMT – State: \_\_\_\_\_
- Paramedic
- Other \_\_\_\_\_

Expires: \_\_\_\_\_

**REFERENCES**

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

3. Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**CERTIFICATION**

I hereby certify that the answers given in this application are true and correct to the best of my knowledge.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*South Pend Oreille Fire and Rescue is an Equal Opportunity Organization.*

## **South Pend Oreille Fire and Rescue**

### **Authorization for Release of Information**

I hereby authorize **South Pend Oreille Fire and Rescue** 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 or which I may be engaged. I further acknowledge and agree that the district may:

- ✓ Contact my present or former employers
- ✓ Confirm the status of my driver's license and driving record
- ✓ Inquire into any criminal convictions on my record
- ✓ Contact any personal references provided
- ✓ Verify my educational background and training.

I specifically authorize any person, firm or corporation contacted by **South Pend Oreille Fire and Rescue** to release any of the above records to the District and waive any privilege of confidentiality I may have with respect to said records.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

Place of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Full Name Printed \_\_\_\_\_

Signature: \_\_\_\_\_

List all the States you have lived in since turning 18.

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