



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

Fire Chief 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: _____

TRAINING / EXPERIENCE (attach relevant certifications)

EMS TRAINING / EXPERIENCE

Present Qualifications

- BLS Provider
- 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.
