



South Pend Oreille Fire and Rescue

325272 Highway 2, Newport, WA 99156

(509) 447-5305 ▪ www.spofr.org

EMPLOYMENT APPLICATION

Date: _____

Position: PT Administrative Assistant

PERSONAL

Name: _____

Address: _____

Street

City

State

Zip

Telephone Number: _____

Home

Work

Cell

E-Mail Address: _____

State Driver's License Number: _____

State: _____

Restrictions or Endorsements: _____

Traffic Citations in Last 3 years: _____

Felony Convictions in Last 7 years: _____

EDUCATION

High School Graduate: ___ yes ___ no ___ GED___

College ___ 1 ___ 2 ___ 3 ___ 4 ___ Area(s) of Study:

EMERGENCY NOTIFICATION

In case of an emergency notify: _____

Phone Number _____

Physical Restrictions, disabilities, or limitations:

Restrictions may be relevant if job related, but may not bar you from becoming employed.

EMPLOYMENT HISTORY

(Additional pages may be used if needed)

List current or most recent first.

① Dates: From _____ To _____

Employer: _____ Phone Number _____

Occupation: _____

② Dates: From _____ To _____

Employer: _____ Phone Number _____

Occupation: _____

③ Dates: From _____ To _____

Employer: _____ Phone Number _____

Occupation: _____

REFERENCES

① Name: _____

Address: _____ Phone Number _____

② 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

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:

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

I hereby authorize any person, firm, or corporation contacted by South Pend Oreille Fire and Rescue to release any records described above to the District. I expressly waive any right of confidentiality or privacy I may have with respect to such records, to the extent permitted by law.

Dated this _____ day of _____, 20____

Place of Birth: _____

Date of Birth: _____

Full Name printed: _____

Signature: _____